



ASSURANT  
Health®

Assurant. On *your* terms.®



# Short Term Medical

*Temporary Insurance for  
Gaps in Health Coverage*

*30 - 180 Days*



- ▶ Between Jobs
- ▶ Waiting for Employer Benefits
- ▶ Temporary or Seasonal Employees
- ▶ Newly Independent



Unexpected illnesses and accidents happen every day, and the resulting medical bills can be disastrous. Until you enroll in permanent coverage, safeguard your financial future with **Short Term Medical temporary insurance**. It provides the peace of mind and health care access you need at a price you can afford.

You can depend on Short Term Medical. Assurant Health marketed the first temporary insurance coverage in 1973 and has remained a leader ever since.



***Time Insurance Company***

*Assurant Health is the brand name for products  
underwritten and issued by Time Insurance Company.*



## Choose Short Term Medical when you are

- between jobs
- looking for a lower-cost alternative to COBRA coverage\*
- waiting for employer-sponsored benefits
- a temporary or seasonal employee
- newly independent

\* To preserve your rights to guaranteed health insurance and coverage for pre-existing conditions, you may need to purchase up to 18 months of COBRA. You may forego these rights when you purchase a Short Term Medical plan or choose to go without insurance.

## Who's eligible for Short Term Medical?

- Healthy individuals between the ages of 30 days and 64 years, 11 months who answer "no" to all questions.
- Dependent children under age 18\* (age 24 if a full-time student) may be covered as dependents on a parent's plan

\* For residents of CO, IA, ME, MN, MT, TX, UT, and VA: under the age of 25 regardless of student status.

\* For residents of IN & TN: under the age of 24 regardless of student status.

\* For residents of LA: under the age of 21 (age 23 if full-time student).

\* For residents of ND: under the age of 22 (age 25 if full-time student).

\* For residents of ID, NH & OK: under the age of 26 regardless of student status.

\* For residents of SD: under the age of 19 (age 24 if full-time student).

## Designing your plan

Your Short Term Medical plan design is based on three things:

- deductible
- length of time you need coverage
- coinsurance

### Decide on the deductible right for you.

Consider the tradeoff when choosing:

- A lower deductible means you'll pay higher premiums (the amount you pay for your health coverage) but less out of pocket if you get sick or injured.
- A higher deductible means lower premiums but a greater initial sum out of pocket if you get sick or injured.

### To decide how long you need health coverage, consider your needs.

If you pay by the month, simply stop paying when you secure permanent health insurance.

If you already know how long you'll need coverage, you can **save 20% on your premium** by making a single, up-front payment. Premium refunds are not available when making a single payment. Your payment is due when you enroll.

## TelaDoc<sup>TM</sup>\*

Now you can have access to a national network of licensed physicians 24 hours a day, 365 days a year — by phone! TelaDoc is a convenient, cost-effective alternative for minor medical problems and a current solution for the health care issues of cost and access.

\* Not available in OK.

## Short Term Medical Benefits

With Short Term Medical, you get the following valuable benefits for unexpected illnesses and injuries. More details will appear in your enrollment kit. **Coverage starts as early as the next day!**

*Covered expenses are subject to your deductible and coinsurance unless otherwise noted.*

### PLAN FEATURES

Doctor Visits	<ul style="list-style-type: none"> <li>Covered for unexpected illness and injury</li> <li>Choose your own doctors</li> <li>Discounts for using network doctors — on average 20-35% off**</li> <li>Teladoc™*</li> </ul>
Hospital Benefits	<ul style="list-style-type: none"> <li>Inpatient and outpatient services covered</li> <li>Discounts for using network facilities — on average 20-35% off**</li> </ul>
Emergency Room Care	Covered
Ambulance	Service to nearest hospital able to treat condition
Outpatient Services	Covered
Prescription Drug Benefits	Covered
X-ray and Laboratory	Covered
Transplant Benefits	\$100,000 including up to \$10,000 in donor expenses
<b>Extension of Benefits</b> <i>(If you become ill or injured while covered by a Short Term Medical plan, your benefits may be extended.)</i>	<ul style="list-style-type: none"> <li>Continued coverage at no additional cost for up to 12 months if you are hospitalized*</li> <li>\$1,000 in benefits at no additional cost for up to 60 days if you have a non-disabling condition</li> </ul> <p>* totally disabled in FL</p>
<b>Deductible</b> <i>(The amount you must pay before Assurant Health pays any benefits.)</i>	<ul style="list-style-type: none"> <li>\$1,000, \$2,500, \$3,500, \$5,000*</li> <li>Families pay only ONE deductible per policy</li> </ul> <p>* Options may vary by state.</p>
<b>Coinsurance</b>	100%/0%, 80%/20%, 50%/50%* * Options may vary by state.
<b>Lifetime Maximum</b> <i>(Maximum amount your plan will pay toward medical bills per covered person.)</i>	\$2 million

\* TelaDoc is not available in OK.

\*\* Not applicable in RI.

### Know What's Not Covered\*

Knowing exactly what your health plan does and doesn't cover is important. To give you the best possible experience, we offer this summary of what is not covered. Complete details are included in your insurance contract.

- Treatment of a pre-existing condition, including those not inquired about on the enrollment form
- Routine care, examinations or immunizations
- Illness or injury that is self-inflicted or caused while engaged in a felony, under the influence of an illegal substance, driving under the influence, in military service, in a hazardous occupation or activity for which compensation is received, or while engaged in intercollegiate sports

- Vision or dental treatments, foot care or orthotics
- Expenses incurred outside the United States, its possessions and Canada
- Maternity,\*\* genetics or fertility treatment or testing
- Custodial care or private nursing
- Cosmetic, experimental, investigational or not medically necessary treatment
- Treatment of mental illness or substance abuse

\* Covered charges in excess of reasonable and customary amounts are not covered under this Short Term Medical plan.

Notice for NE residents: THIS PLAN DOES NOT PROVIDE BASIC COVERAGE FOR THE TREATMENT OF MENTAL HEALTH CONDITIONS AND ALCOHOLISM.

\*\* Does not apply to MT residents.

Note: Depending on the state, an Outline of Coverage is available from the agent or insurer. Please refer to the Outline of Coverage for a description of the important features of the health benefit plan.



## Pre-existing condition information


Short Term Medical plans provide coverage for unexpected illnesses and injuries, meaning they do not cover pre-existing conditions. While the definition of “pre-existing condition” varies by state, in general it is a condition that has been diagnosed or treated, or for which you experienced signs or symptoms, during the 5 years immediately prior to the Short Term Medical effective date.\*

If you need your insurance plan to cover treatment of an existing medical condition, consider extending your current plan to fill your gap in coverage. Employer-sponsored insurance can be extended under a government-regulated option called COBRA.

Because Short Term Medical is designed to cover the unexpected, it does not provide coverage for preventive care, physicals, dental care, or vision care.

\*Please see pages 8-10 for your state’s pre-existing definition.

## Benefits are paid as follows:

FIRST	You pay the deductible.		
THEN	100%/0%	80%/20% coinsurance	50%/50% coinsurance
		You pay 20% of the next \$10,000 in covered charges up to a maximum of \$2,000.	You pay 50% of the next \$10,000 in covered charges up to a maximum of \$5,000.
THEREAFTER	Assurant Health pays 100% of remaining covered charges up to the plan maximum of \$2 million for each covered person.		

## When does coverage begin?

Your coverage will begin at 12:01 a.m. on your approved effective date, provided the enrollment form received is complete,\* meets the requirements for acceptance, and includes the full initial premium. Your requested effective date must be within 45 days of the date you signed the enrollment form.

\* Enrollment forms that do not meet eligibility requirements will be returned to the applicant or agent. Incomplete enrollment forms may be returned and/or re-dated by Assurant Health.

## Two convenient payment options

Paying for your Short Term Medical plan is easy with these two convenient payment options:

- Single payment option: save 20% on your premium if you know the exact number of days you need coverage. The minimum plan duration you may apply for is 30 days, the maximum is 180 days. No refunds are available after the 10-day free look period.†
- Monthly payment option: ideal if you are unsure how long you’ll need coverage. This “pay as you go” option gives you the flexibility to continue coverage for as long as you need—simply stop paying and discontinue the plan once you secure permanent insurance.

## For FL, MD, MI, PA, VA and WI residents only

When you purchase Short Term Medical insurance, you are enrolled in Health Advocates Alliance, an association dedicated to the health and well-being of its members. Membership benefits include access to a 24-hour nurse helpline and discounts on vitamins and LensCrafters® purchases.

## Premium refunds

If you are not 100 percent satisfied with the plan, simply call and cancel your coverage within 10 days of delivery for a premium refund. No questions asked! After the 10-day free look period, premiums are not refundable.† The one-time application fee is not refundable at any time.

†Not applicable to residents of FL, GA, ID, KS, KY, MI, OH, SC and TX.

## Reduce your medical costs\*

You may be able to reduce your medical bills by using the doctors and hospitals participating in the PHCS Healthy Directions provider network. Simply call or go online to see if your doctor or hospital is part of PHCS Healthy Directions:

800.357.6847 • [www.phcs.com](http://www.phcs.com)

\* Not applicable in RI.

## TelaDoc™\*

Now you can have access to a national network of licensed physicians 24 hours a day, 365 days a year – by phone! TelaDoc is a convenient, cost-effective alternative for minor medical problems and a current solution for the health care issues of cost and access.

\* Not available in OK.

## Purchasing an additional 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. 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.

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## More solutions to suit your needs

- **Ideal companions – STM and HSA**

Many of our STM plans, including all plans with 100% coinsurance and deductibles of \$2,500 and higher are compatible with Health Savings Accounts (HSAs). That means you don't have to wait for an individual medical or group plan to build health expense savings the smart way. HSAs are completely portable - an HSA goes with you when you move to any qualified health plan.

- **Protection longer than six months**

When your needs are longer than 180 days, Assurant Health has you covered. We have a portfolio of individual health plans with broad coverage options. Plans are designed with features that can help you save on your overall health care costs and on your premium. That makes it easier to find a plan with benefits that mean the most to you at a price you can afford.

*More information is available at [assuranthealth.com](http://assuranthealth.com)*

## STATE NOTICES

### CA Language Assistance Program (LAP) Notice

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**IMPORTANT:** You can get an interpreter at no cost to talk to your doctor or health insurance company. To get an interpreter or to ask about written information in Spanish, first call your insurance company's phone number at 800-800-1212. Someone who speaks Spanish can help you. If you need more help, call the Department of Insurance Hotline at 800-927-4357.

**IMPORTANTE:** Puede obtener la ayuda de un intérprete sin costo alguno para hablar con su médico o con su compañía de seguros. Para obtener la ayuda de un intérprete o preguntar sobre información escrita en español, primero llame al número de teléfono de su compañía de seguros al: 800-800-1212. Alguien que habla español puede ayudarle. Si necesita ayuda adicional, llame a la línea directa del Departamento de seguros al 800-927-4357.

### CO

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Colorado law requires carriers to make available a Colorado Health Benefit Plan Description Form, which is intended to facilitate comparison of health plans. The form must be provided automatically within three (3) business days to a potential policyholder who has expressed interest in a particular plan or who has selected the plan as a finalist from which the ultimate selection will be made. The carrier also must provide the form, upon oral or written request, within three (3) business days, to any person who is interested in coverage under or who is covered by a health benefit plan of the carrier.

We maintain an access plan for each network offered in Colorado. The access plan includes information regarding availability and accessibility of participating providers and our method of informing you of the plan's services and features. The access plan is available upon request by contacting us at 800-800-5453.

### OH

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**WARNING: IF YOU OR YOUR FAMILY MEMBERS ARE COVERED BY MORE THAN ONE HEALTH CARE PLAN, YOU MAY NOT BE ABLE TO COLLECT BENEFITS FROM BOTH PLANS. EACH PLAN MAY REQUIRE YOU TO FOLLOW ITS RULES OR USE SPECIFIC DOCTORS AND HOSPITALS, AND IT MAY BE IMPOSSIBLE TO COMPLY WITH BOTH PLANS AT THE SAME TIME. BEFORE YOU ENROLL IN THIS PLAN, READ ALL OF THE RULES VERY CAREFULLY AND COMPARE THEM WITH THE RULES OF ANY OTHER PLAN THAT COVERS YOU OR YOUR FAMILY.**

## STATE NOTICES cont.

### NH

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#### **Your rates are guaranteed for the policy term**

The premium you are quoted at the time of application will not change for the term of the policy. You can get a Short Term Medical plan for up to six months. If you purchase a plan for six months and pay monthly, the rate you are quoted when you apply is the same rate you'll pay each month the plan is in force.

#### **Factors considered in the calculation of your premium**

Our rating procedures are designed to treat you fairly and consistently with individuals similar to you. We comply with the guidelines set forth by your state. The premium rate you pay depends primarily on the specific benefit plan you have selected and your individual factors.

##### *Factors include:*

- Age of you and your spouse (if applicable)
- Number of dependents
- Geographic location
- Payment frequency (single payment or monthly payments)
- Length of coverage

#### **Your coverage will not be terminated for filing claims**

Our practice is not to terminate any covered person based on his or her claims experience. Policy termination will only occur when one of the following conditions exist:

- Non-payment of premium at the time it is due
- Evidence of fraud or an intentional misrepresentation of a material fact

#### **Renewal provisions**

Short Term Medical is a temporary coverage option, so plans cannot be renewed like permanent insurance. However, when your plan expires, you may apply for another plan if you have not had in total more than 540 days of short-term coverage within the preceding 24-month period.

#### **Coverage for unexpected illness and injury**

Because Short Term Medical protects you against the cost of unexpected illnesses or accidents, it does not provide coverage for any injuries or medical conditions that existed before the effective date of coverage. Please refer to your insurance policy for a full description of a pre-existing condition.

A full description of the policy exclusions, reductions and exceptions can be found in the insurance policy and on the state-specific supplements. This information is also available online at [assuranthealth.com](http://assuranthealth.com) on the Short Term Medical page, or by viewing Plan Details when you get an online quote.

These practices reflect our commitment to provide you with the highest quality of coverage at an affordable premium, and are in compliance with the state of New Hampshire.



## Pre-existing condition information

This pre-existing condition definition is used in AK, AL, AR, AZ, FL, GA, HI, IA, IN, KS, LA, MD, MN, NE, NV, OH, OK, OR, TN, VA, WA, WI, WV and WY. For all other states, see the definitions below.

### PRE-EXISTING CONDITION: A medical condition due to sickness or injury:

1. For which the insured received medical treatment or advice from a provider within the 5-year period immediately preceding the effective date of coverage, regardless of whether the condition was diagnosed or not diagnosed; or
2. That produced signs or symptoms within the 5-year period immediately preceding the effective date of coverage. The signs or symptoms must have been significant enough to establish manifestation or onset by one of the following tests:
  - a) The signs or symptoms would have allowed one learned in medicine to make a diagnosis of the disorder; or
  - b) The signs or symptoms should 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.

### CA

**PRE-EXISTING CONDITION:** A medical condition due to sickness or injury for which medical advice, diagnosis, care or treatment, including the use of prescription drugs, was recommended or received from a health care practitioner within the 6-month period immediately preceding the effective date of coverage.

### CO

**PRE-EXISTING CONDITION:** A medical condition due to sickness or injury for which you received medical advice, diagnosis or care or for which treatment was recommended or received from a provider during the 12-month period immediately prior to your Short Term Medical effective date, regardless of whether the condition was diagnosed or not diagnosed.

### DC

**PRE-EXISTING CONDITION:** A medical condition due to sickness or injury:

1. For which the insured received medical treatment or advice from a provider within the 5-year period immediately preceding the effective date of coverage, regardless of whether the condition was diagnosed or not diagnosed; or
2. That produced signs or symptoms within the 5-year period immediately preceding the effective date of coverage. The signs or symptoms must have been significant enough to establish manifestation or onset by one of the following tests:
  - a. The signs or symptoms would have allowed one learned in medicine to make a diagnosis of the disorder; or
  - b. The signs or symptoms should have caused a person to seek diagnosis or treatment.

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

### DE

**PRE-EXISTING CONDITION:** A medical condition due to sickness or injury for which the insured received medical treatment or advice from a provider within the 12-month period immediately preceding the effective date of coverage, regardless of whether the condition was diagnosed or not diagnosed.

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

### ID

**PRE-EXISTING CONDITION:** A medical condition due to sickness or injury and related complications:

1. A condition that would have caused an ordinarily prudent person to seek medical advice, diagnosis, care or treatment during the six (6) months immediately preceding the effective date of coverage;
2. For which medical advice, diagnosis, care or treatment was recommended or received from a provider within the 6-month period immediately preceding the effective date of coverage;

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

### IL

**PRE-EXISTING CONDITION:** A medical condition due to sickness or injury:

1. For which the insured received medical treatment or advice from a provider within the 2-year period immediately preceding the effective date of coverage, regardless of whether the condition was diagnosed or not diagnosed; or
2. That produced signs or symptoms within the 1-year period immediately preceding the effective date of coverage. The signs or symptoms must have been significant enough to establish manifestation or onset by one of the following tests:
  - a) The signs or symptoms would have allowed one learned in medicine to make a diagnosis of the disorder; or
  - b) The signs or symptoms should 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.

### KY

**PRE-EXISTING CONDITION:** A sickness or an injury and related complications if during the 5 year period immediately prior to your effective date you received medical treatment, diagnosis, consultation, or took prescription drugs for the condition. Genetic information in the absence of a diagnosis of a condition related to such information will not be considered a pre-existing condition. A pregnancy that exists on the day before your effective date will be considered a pre-existing condition.



**ME**

**PRE-EXISTING CONDITION:** A medical condition due to sickness or injury:

1. For which the insured received medical advice, diagnosis, care or treatment from a provider within the 12-month period immediately preceding the effective date of coverage, regardless of whether the condition was diagnosed or not diagnosed; or
2. That produced signs or symptoms within the 12-month period immediately preceding the effective date of coverage that would caused an ordinarily prudent person to seek medical advice, diagnosis, care or treatment.

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

**MI**

**PRE-EXISTING CONDITION:** A medical condition due to sickness or injury:

1. For which the insured received medical advice, diagnosis or care or for which treatment was recommended or received from a provider within the 5-year period immediately preceding the effective date of coverage, regardless of whether the condition was diagnosed or not diagnosed; or
2. That produced signs or symptoms within the 5-year period immediately preceding the effective date of coverage. The signs or symptoms must have been significant enough to establish manifestation or onset by one of the following tests:
  - a) The signs or symptoms would have allowed one learned in medicine to make a diagnosis of the disorder; or
  - b) The signs or symptoms should 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.

**MO**

**PRE-EXISTING CONDITION:** A medical condition due to sickness or injury:

1. For which the insured received medical treatment or advice from a provider within the 5-year period immediately preceding the effective date of coverage, regardless of whether the condition was diagnosed or not diagnosed; or
2. That produced signs or symptoms within the 5-year period immediately preceding the effective date of coverage, when such signs or symptoms should 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.

**MS**

**PRE-EXISTING CONDITION:** A medical condition due to sickness or injury:

1. For which medical advice, care or treatment was recommended or received from a provider within the 12-month period immediately preceding the effective date of coverage, regardless of whether the condition was diagnosed or not diagnosed; or
2. That would have caused an ordinarily prudent person to seek medical advice, diagnosis, care or treatment within the 12-month period immediately preceding the effective date of coverage.

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

**MT**

**PRE-EXISTING CONDITION:** A medical condition due to sickness or injury:

For which the insured received medical advice or treatment was recommended by or received from a provider of health care services within the 5-year period immediately preceding the effective date of coverage.

**NC**

**PRE-EXISTING CONDITION:** A medical condition due to sickness or injury for which medical advice, diagnosis, care, or treatment was received or recommended within the 1-year period immediately preceding the effective date of the insured's coverage, regardless of whether the condition was diagnosed or not diagnosed.

**ND**

**PRE-EXISTING CONDITION:** A medical condition due to sickness or injury for which the insured received medical treatment or advice from a provider within the 2-year period immediately preceding the effective date of coverage, regardless of whether the condition was diagnosed or not diagnosed. A pregnancy that exists on the day before Your effective date will be considered a pre-existing condition.

**NH**

**PRE-EXISTING CONDITION:** A medical condition due to sickness or injury for which the insured received medical treatment or advice from a provider within the 2-year period immediately preceding the effective date of coverage, regardless of whether the condition was diagnosed or not diagnosed. A pregnancy that exists on the day before your effective date will be considered a pre-existing condition.

**PA**

**PRE-EXISTING CONDITION:** A medical condition due to sickness or injury for which the insured received medical treatment or advice from a provider within the 5-year period immediately preceding the effective date of coverage, regardless of whether the condition was diagnosed or not diagnosed.

**RI**

**PRE-EXISTING CONDITION:** A medical condition due to sickness or injury:

1. For which the insured received medical treatment or advice from a provider within the 12-month period immediately preceding the effective date of coverage, regardless of whether the condition was diagnosed or not diagnosed; or
2. That produced signs or symptoms within the 12-month period immediately preceding the effective date of coverage. The signs or symptoms must have been significant enough to establish manifestation or onset by one of the following tests:
  - a. The signs or symptoms would have allowed one learned in medicine to make a diagnosis of the disorder; or
  - b. The signs or symptoms should 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.

**SC**

**PRE-EXISTING CONDITION:** A medical condition due to sickness or injury: For which medical advice or treatment was received or recommended from a provider within the 1-year period immediately preceding the effective date of coverage, regardless of whether the condition was diagnosed or not diagnosed.

**SD**

**PRE-EXISTING CONDITION:** A medical condition due to sickness or injury:

1. For which the insured received medical advice, diagnosis, care, or treatment was recommended or received during the 12-month period immediately preceding the effective date of coverage; or
2. Which would have caused an ordinarily prudent person to seek medical advice, diagnosis, care or treatment during the 12-month period immediately preceding the effective date of coverage. A pregnancy that exists on your effective date will be considered a pre-existing condition.

**TX**

**PRE-EXISTING CONDITION:** A disease, illness, condition or an injury and related complications:

1. 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
2. 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.

**UT**

**PRE-EXISTING CONDITION:** A medical condition due to sickness or injury:

1. For which medical treatment or advice was received or recommended from a provider within the 5-year period immediately preceding the insured's effective date of coverage, regardless of whether the condition was diagnosed or not diagnosed; or
2. 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, care, or treatment.

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

**If you have questions about Assurant Health or Short Term Medical, call 1.800.800.5453.**

This brochure provides a brief description of the important features of this plan. For specific costs and for the details of the coverage, including exclusions and reduction or limitations, and the terms under which the policy may be continued in force, contact your agent or Assurant Health. This is not the insurance policy. The actual plan sets forth in detail the rights and obligations of both you and your insurance company. State mandated benefits, if applicable, are incorporated in your plan.

135/136/137/135.001.TX/135.001.TX.A

TIME INSURANCE COMPANY  
501 West Michigan  
Milwaukee, WI 53203

### SHORT TERM MEDICAL CERTIFICATE OUTLINE OF COVERAGE

This outline of coverage provides a brief description of the important features of Your certificate. This is not the insurance contract. The certificate itself sets forth in detail the rights and obligations of both You and Your insurance company. It is important that You READ YOUR CERTIFICATE CAREFULLY!

**MAJOR MEDICAL EXPENSE COVERAGE:** The certificate is designed to provide coverage for major Hospital, medical, and surgical expenses incurred as a result of Medically Necessary care for a covered Sickness or Injury during a Benefit Period.

**AUTHORIZATION REQUIREMENT:** To be eligible to receive the maximum benefits available read the Authorization Provisions section in the certificate carefully. Authorization is required for all Hospital, Skilled Nursing Facility and inpatient rehabilitation admissions, outpatient or day surgeries, transplants, home health care, outpatient Physical Medicine visits and monthly rental or purchase of durable medical equipment that exceeds \$500. Failure to follow the Authorization Provisions could result in no payment or a reduction in benefits.

**PAYMENT OF BENEFITS:** After the Deductible] is satisfied, We will pay benefits for Covered Expenses at the Coinsurance amount up to the Lifetime Maximum Benefit, or any other limitations as set forth in the certificate, for each Insured during a Benefit Period. Benefits are subject to all the terms, limits and conditions in the certificate.

COVERAGE INFORMATION		
Individual Deductible \$ _____	Family Deductible \$ _____	Prescription Drug Deductible \$ _____
Coinsurance ____ % of \$ _____	Lifetime Maximum Benefit \$ _____	Benefit Period _____ Days
Inpatient Hospital Services: _____ Outpatient Hospital Services: _____ Health Care Practitioner Services: Surgical: _____ Anesthesia: _____ Per Office Visit: _____ Reconstructive Surgery: _____		Inpatient Rehabilitation: _____ Skilled Nursing Facility: _____ Home Health Care: _____ Outpatient Physical Medicine: _____ Ambulance: _____ X-ray and Lab: _____ Prescription Drugs: _____
PREMIUM INFORMATION		
Premium Payment Mode: _____ TOTAL MODAL PREMIUM AMOUNT: \$ _____		

**BENEFIT PERIOD:** The length of time the certificate is in force. The certificate is not renewable.

**DEDUCTIBLE:** A Deductible is the dollar amount of Covered Expense that must be paid before benefits are paid by Us.

**COINSURANCE:** The amount of Covered Expense that is paid by Us after any applicable Deductible is satisfied. You are responsible for paying any Coinsurance balance that is not paid by Us. The Coinsurance applies separately to each Insured during a Benefit Period. The payment of Covered Expense is subject to the Lifetime Maximum Benefit or any other maximum benefit for those services under the certificate, whichever is less.

**OTHER INSURANCE:** Benefits that are otherwise payable under Our certificate will be reduced if there is other insurance that also provides benefits for Covered Expenses. Our certificate will not duplicate benefits.

**COVERED EXPENSES:** Charges for services, treatment or supplies prescribed by a Health Care Practitioner. Services must be received and charges must be incurred by You or Your Covered Dependents while the certificate is in force. Covered Expense must be Medically Necessary and does not include any charge in excess of the Reasonable and Customary Amount. Benefits are available from the first day Covered Expenses are incurred for an Injury that is sustained on or after the Effective Date of the coverage. Benefits are available for a Sickness that first manifests itself after any Waiting Period. A Sickness manifests itself if You receive medical treatment or consultation for it or have signs or symptoms of it.

**REASONABLE AND CUSTOMARY AMOUNT:** The lesser of: 1) The actual charge; or 2) What the provider would accept for the same service or supply in the absence of insurance; or 3) The reasonable amount based on factors such as: a) the amount of resources expended to deliver the service or supply; or b) the amount charged for the same or comparable service or supply in a community similar to where the service or supply is furnished; or c) the costs incurred by providers in a community similar to where the service or supply is furnished and the amount by which such service or supply is commonly marked up by providers; or d) charging protocols and billing practices generally accepted by the medical community or specialty groups, including charging protocols and billing practices related to Medicare; or e) inflation trends by geographic region; or 4) Another schedule or method of deriving charges, as identified in the certificate.

**GRIEVANCE PROCEDURES:** For grievance procedures, please call 800-800-1212.

**BENEFITS PROVIDED BY THE CERTIFICATE:** Only the services and supplies listed in the certificate will be considered Covered Expenses. The certificate provides benefits for the evaluation and treatment of pain for Covered Expenses listed below. The certificate provides benefits for the following Covered Expenses:

- **Inpatient Hospital Services:** Room, board and routine nursing services that are provided to all inpatients while confined in a semi-private room, ward, coronary care or other intensive care unit in a Hospital. If You are in a private room, We will pay benefits based on the Hospital's most common daily charge for a semi-private room. The maximum benefit is shown on page one.
- **Outpatient Hospital Services:** Services performed in a Hospital's outpatient department or in a Free-Standing Ambulatory Surgical Facility. The maximum benefit is shown on page one.
- **Health Care Practitioner Services, Surgical and Anesthesia Services:** Surgical services, anesthesia services and Health Care Practitioner services (not including office visits). The maximum benefit is shown on page one. Office visits to a Health Care Practitioner are shown separately.
- **Reconstructive Surgery:** Reconstructive surgery to restore function for conditions resulting from

accidental Injury provided the Injury occurred while the Insured is covered under the certificate. Reconstructive surgery that is incidental to or follows surgery resulting from trauma, infection or other diseases of the involved part if the trauma, infection or other diseases occurred or had their onset while the Insured was covered under the certificate. Reconstructive surgery because of congenital illness or anomaly of a Covered Dependent child, born while the certificate is in force, that resulted in a functional defect. The maximum benefit is shown on page one.

- **Inpatient Rehabilitation Programs:** Inpatient rehabilitation includes, but is not limited to, physical, occupational and speech therapy provided on an inpatient basis in a facility that is accredited by the Joint Commission on Accreditation of Healthcare Organizations or the Commission on Accreditation of Rehabilitative Facilities when the confinement is in lieu of acute hospitalization. The maximum benefit is shown on page one.
- **Skilled Nursing Facility Care:** Care in a Skilled Nursing Facility when the confinement is in lieu of acute hospitalization or when admitted to the Skilled Nursing Facility within 14 days after a Hospital confinement of at least 3 days for the same condition. The maximum daily benefit for care in a Skilled Nursing Facility will not exceed: 1) one-half of the semi-private Hospital room rate for the Hospital confinement; or 2) one-half of the most common semi-private Hospital room rate for the area in which You live if You were not previously Hospital confined. The maximum benefit is shown on page one.
- **Home Health Care:** Home health care visits provided by a state licensed or Medicare certified home health agency. One visit consists of up to 4 hours of home health aide service within a 24-hour period. The maximum benefit is shown on page one.
- **Outpatient Physical Medicine Services:** Outpatient Physical Medicine includes, but is not limited to: physical, speech or occupational therapy; pulmonary or cardiac rehabilitation therapy; or adjustments and manipulations provided in the outpatient department of a Hospital, by a licensed or certified home health care agency or by a licensed therapist in Your home. One visit consists of up to 4 hours of therapy within a 24-hour period. The maximum benefit is shown on page one.
- **Ambulance Services:** Ambulance service for one trip to the nearest Hospital that is able to treat the Sickness or Injury. The maximum benefit is shown on page one.
- **Emergency Services:** Emergency services charges are subject to deductible, coinsurance and lifetime maximum.
- **X-ray and Laboratory Services:** X-ray, radioactive treatment and laboratory charges. The maximum benefit is shown on page one. This includes 1 screening mammography exam per Benefit Period for a covered female, age 35 or over for a maximum benefit of \$60.
- **Durable Medical Equipment and Supplies:** Rental, up to the purchase price, or purchase of a basic non-electric wheelchair, basic non-electric hospital bed or basic crutches; the initial permanent basic artificial limb or eye; oxygen and the equipment needed to administer oxygen; casts, orthopedic braces, splints, dressings and sutures; and the initial external breast prosthesis needed because of Medically Necessary surgical removal of all or part of the breast provided the surgery was performed while the Insured was covered under the certificate. There is up to a maximum benefit of \$1,000 per Benefit Period for all of the items listed above combined.
- **Blood Product Transfusions:** Whole blood, blood plasma and blood products if not replaced.

- **Temporomandibular Joint (TMJ) or Craniomandibular Joint (CMJ) Dysfunction:** Surgical and non-surgical treatment of temporomandibular or craniomandibular joint dysfunction, except for the treatment and services outlined in the certificate. The combined maximum for all surgical and non-surgical treatment is limited to \$1,000 for each Insured per Benefit Period.
- **Complications of Pregnancy:** The following complications arising from a pregnancy that began after the Effective Date of coverage are covered on the same basis as any other covered Sickness: 1) ectopic pregnancy; 2) spontaneous termination of pregnancy (miscarriage) that occurs before the 26th week of gestation; and 3) missed abortion. No benefits will be paid for: false labor; premature labor; high risk pregnancy or delivery; caesarean section delivery; occasional spotting; Health Care Practitioner prescribed rest; morning sickness; hyperemesis gravidarum; pre-eclampsia; placenta previa; or similar conditions that occur in a difficult pregnancy.
- **Prescription Drugs:** Drugs and medicines that are fully approved by the U.S. Food and Drug Administration, are received on an outpatient basis, require the written prescription of a Health Care Practitioner for treatment of a condition that is a Covered Expense under the certificate and are dispensed by a licensed pharmacy. This includes brand and generic drugs. Covered Expenses also include medication used in the treatment of foot ailments, infections and other medical conditions of the foot, ankle or nails for an Insured with diabetes. The maximum benefit is shown on page one.
- **AIDS/HIV Services:** Treatment of AIDS, AIDS Related Complex (ARC) or related immunodeficiency disorders up to a maximum benefit of \$10,000 for each Insured per Benefit Period.
- **Diabetes Benefit:** Medically Necessary equipment, supplies and educational training incurred for the treatment of diabetes, when recommended or prescribed by a Health Care Practitioner.
- **Transplantation Benefit:** Certain human organ/tissue transplants or replacements as listed in the certificate and donor expenses provided that the transplant is the result of a Sickness or Injury that had its onset after the Effective Date of the certificate. The maximum transplant benefit per Benefit Period is \$100,000 for all transplants, combined transplants, and sequential transplants and the maximum benefit for donor expenses is \$10,000.

**PRE-EXISTING CONDITIONS LIMITATION:** No benefits will be provided during the term of the certificate for any Pre-Existing Condition or due to a complication of a Pre-Existing Condition. A Pre-Existing Condition is a medical condition due to Sickness or Injury for which the Insured received medical advice, diagnosis or care or for which treatment was recommended or received from a provider within the 5 year period immediately preceding the Effective Date of coverage, regardless of whether the condition was diagnosed or not diagnosed; or that produced signs or symptoms within the 5-year period immediately preceding the Effective Date of coverage. The signs or symptoms must have been significant enough to establish manifestation or onset by one of the following tests: 1) The signs or symptoms would have allowed one learned in medicine to make a diagnosis of the disorder; or 2) The signs or symptoms should have caused an ordinarily prudent person to seek diagnosis or treatment. A pregnancy that existed on the day before Your Effective Date of coverage is also considered a Pre-Existing Condition.

**GRIEVANCE PROCEDURES:** For grievance procedures, please call Us at 1-800-800-1212.

**EXCLUSIONS:** The certificate does not cover any of the following:

- Charges for 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 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: 1) War or any act of war; or 2) 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 certificate is in force.
- Charges for:
  1. Eyeglasses, contact lenses, eye exams, eye refraction or eye surgery for correction of refraction error; vision therapy; or artificial hearing devices.
  2. Preventive treatment including, but not limited to, routine physical exams and immunizations, unless otherwise noted as a Covered Expense in the certificate or a rider to the certificate.
  3. 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.
  4. Weight reduction or weight control programs or treatment; surgery for weight control, obesity or morbid obesity; or any type of gastric bypass surgery.
  5. Therapy or treatment for learning disorders or disabilities or developmental delays.
  6. Custodial Care; respite care; rest care; or supportive care.
  7. Private duty nursing services rendered during Hospital confinement; or standby Health Care Practitioners.
  8. 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 of the certificate.
- Treatment of Mental Illness or Substance Abuse, whether organic or non-organic, 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 the certificate or a rider to the certificate.
- 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 received while engaging in any hazardous occupation or other activity including, but not limited to: Participating, instructing, demonstrating, guiding or accompanying others in parachute jumping, hang-gliding, bungee jumping, flight in an aircraft other than a regularly scheduled flight by an airline, racing any motorized or non-motorized vehicle, rock or mountain climbing, parkour and extreme sports. Also excluded are treatment and services required due to Injury received while practicing, exercising, undergoing conditioning or physical preparation for any such activity.
- Treatment or services required due to Injury received while engaging in any hazardous occupation or other activity for which compensation is received in any form, including sponsorship including, but not limited to: Participating, instructing, demonstrating, guiding or accompanying others in skiing, horse riding, rodeo activities, professional or semi-professional sports, adult sporting competition at a national or international level and extreme sports. Also excluded are treatment and services required due to Injury received while practicing, exercising, undergoing conditioning or physical preparation for any such compensated activity.
- 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 of the certificate.
- 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, except as otherwise covered under the Prescription Drugs provision.
- 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 and medicines, except as covered in the Benefits section.
- 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; 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.

RENEWABILITY PROVISION: The certificate is not renewable. Coverage is in force only for the Benefit Period You selected which is shown on page one.

PREMIUM: The first page shows the total premium for the coverage You selected. The premium amount will not change while the certificate is in force.

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Licensed Agent's Signature

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Date