

eHealth Plus+



..... Short Term Medical

COVERAGE
1000

COVERAGE
2500

COVERAGE
5000

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eHealth Plus+

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Secure the flexible, temporary coverage that you and your family need during times of transition



Coverage 1000, Coverage 2500, Coverage 5000 Short Term Medical

Insured Benefits

Member Services (888) 781-0585

Life changes quickly.

When it does, you may be left uninsured.
Defend against the financial burden that can
accompany an unexpected injury or illness
with Short Term Medical insurance coverage.

Bridge the gaps in coverage during times of transition such as a job change, waiting for open enrollment and more.

Insurance benefits are subject to the definitions, limitations, exclusions and other provisions provided in the coverage policy(s). May not be available in all states. Coverage may vary by state. Underwritten by National Health Insurance Company, Integon National Insurance Company, or Integon Indemnity Corporation, depending on the state of issue. Review your policy of coverage for full benefit descriptions and definitions of your coverage. This document is intended to give a brief overview of the product and how it may be used. This in no way serves as a certification of coverage and should be used for educational purposes only. For a copy of the full policy including all covered benefits, exclusions and limitations, please contact National Health Insurance Company.

Underwritten by :



NATIONAL HEALTH INSURANCE COMPANY



National Health Insurance Company (NHIC) is a representative company name for products sold and underwritten by National Health Insurance Company, Integon National Insurance Company, and Integon Indemnity Corporation. These three companies have all been rated as A- (excellent) by A.M. Best. Each underwriting company is financially responsible for its respective products.

NHIC was incorporated as a life, accident and health insurance company in 1965 and is domiciled in the state of Texas. In 2012, NHIC was acquired by Integon Indemnity Corporation. Together with Integon Indemnity Corporation (incorporated in 1946) and Integon National Insurance Company (incorporated in 1987), the NHIC representative companies represent all 50 states and the District of Columbia.

NHIC is committed to delivering unparalleled value and service to its customers. A core part of NHIC's strategy is accomplished in part by providing relevant and cost effective supplemental and ancillary insurance products to address the gaps that healthcare reform has created, aiming to offer peace of mind in keeping the promise of financial protection afforded by these insurance products.

NHIC's product portfolio is continually expanding. For more detailed information on product opportunities, visit the NHIC website at www.nhic.com or contact support at **(888) 781-0580**.

Short Term Medical Insured Benefits

This plan is designed to be an uncomplicated, temporary solution for individuals and families facing a period of time without the protection of a major medical plan. Deductibles and coinsurance options offering \$1,000,000 in coverage, see how the flexibility of a Short Term Medical insurance plan can help you safely navigate a time of transition with minimal risk.

Short Term Medical insurance can bridge the gaps in health coverage when:

- You've missed the last open enrollment period
- You're waiting for Medicare eligibility
- You've started a new job and are uninsured due to a probationary period
- You're a student or recent graduate who is no longer eligible to remain on your parents' plan
- You're between jobs
- You require proof of insurance



Because life is unpredictable, it's important to be flexible. With the eHealth Plus Short Term Medical insurance plans, you can select a benefit period as short as 1 months and as long as 11 months (6 months in certain states).

NHIC offers the guarantee issue protection you need with two affordable plan options that include large provider networks.

Short-term medical plans are not considered Minimum Essential Coverage as defined by the Affordable Care Act shared responsibility requirement and individuals may be subject to a tax penalty.

Plan Highlights

Network discounts through a large, trusted network

Ability to choose your own provider

First-dollar coverage for initial office visits

Choice of deductibles and coinsurance allow you to tailor a plan to your budget

Choice of coverage terms, between 1 and 11 months

\$50 copay to urgent care with unlimited visits

Plan Outlines

We have three plans available.

Platinum 1000

Deductible*	\$1,000
Coinsurance	100%
Out-of-Pocket Maximum	\$1,000
Coverage Period	Between 1 and 11 months
Coverage Period Maximum	\$1,000,000

Platinum 2500

Deductible*	\$2,500
Coinsurance	100%
Out-of-Pocket Maximum	\$2,500
Coverage Period	Between 1 and 11 months
Coverage Period Maximum	\$1,000,000

Platinum 5000

Deductible*	\$5,000
Coinsurance	100%
Out-of-Pocket Maximum	\$5,000
Coverage Period	Between 1 and 11 months
Coverage Period Maximum	\$1,000,000

*Per person deductible is capped at 3x the individual deductible for a family greater than 3. This means that when 3 insured family members satisfy their individual deductibles, the remaining individual deductibles will be deemed as satisfied for the remainder of the coverage term.

Plan Features

Plan Details

Pre-Existing Condition Limitation	Pre-existing conditions for which medical advice, diagnosis, care, or treatment was recommended or received within the 12 months prior to the effective date will be excluded from coverage, unless a lesser period is required by state regulation.
Free Look Period	A 10-day period to return your policy for a full refund.*
Length of Coverage	Choice of coverage term between 1 and 11 months. (6 month maximum term limit in some states).
Coverage Rewrite	Policies are non-renewable. Reapplications are allowed in most states.

Benefit Details

Emergency Room Benefit	Unlimited visits; subject to an additional \$250 deductible, unless admitted to hospital.
Ambulance Benefit	Unlimited trips; plan will pay up to \$250 per trip.
Doctor's Office Visits Benefit	Plan will pay up to \$50 per visit for the first 3 office visits per coverage term (not subject to deductible or coinsurance). Any additional office visits subject to deductible and coinsurance.
Urgent Care Benefit	Unlimited visits; \$50 copay per visit then subject to coinsurance.
Skilled Nursing Facility Benefit	Maximum 50 visits per coverage term; plan will pay up to \$150 per day.
Mental Health Outpatient Benefit	Maximum of 10 visits per coverage term; plan will pay up to \$50 per day.
Home Healthcare Benefit	Maximum of 60 visits per coverage term; a visit is defined as up to 4 consecutive hours of home healthcare services in a 24 hour period.
Transplant Benefit	Up to \$100,000 per coverage term.

* Policy returned within the free look period will be terminated back to the effective date and member will forfeit any potential claims in lieu of a full refund including the enrollment fee. After the free look period, cancellations require a minimum 10-day cancellation notice and will not be eligible for refund or any pro-rated fees.

We have the right to change the premium we charge. If we plan to make a change, we will send you a notice at least 60 days before we make it. We may change premium rates at any time for reasons which affect the risk assumed, including but not limited to if a change occurs in the plan design, the named insured moves or changes his/her address or a new law or a change in any existing law is enacted which applies to this plan.

Covered Medical Expenses

The following is a list of covered expenses due to a covered injury or sickness. Covered expenses may be subject to copays, deductibles and coinsurance and must be incurred while the coverage is in force. All benefits are subject to the terms, conditions, limitations, exclusions and maximums stated in the policy. Covered expenses may vary by state.

- | | | |
|---|---|--|
| • Doctor's Office Visits | • Radiation Therapy and Chemotherapy | • Craniofacial Abnormalities |
| • Urgent Care Facility Visits | • Dental Care for Injuries | • Dependent Child with Developmental Delays |
| • Emergency Room Visits | • Durable Medical Equipment | • Diabetes |
| • Inpatient Doctor Visits | • Physical Therapy | • Mammography |
| • Hospital Covered Expenses | • Ambulance Trips | • Papillomavirus and Cervical Cancer Testing |
| • Surgeon | • Organ Transplant and Marrow Reconstitution or Support | • Mental Illness and Emotional Disorders |
| • Anesthesia | • Acquired Brain Injury | • Osteoporosis |
| • Outpatient Hospital Surgery | • Autism Spectrum Disorder | • Prostate Antigen Test |
| • Hemodialysis | • Cardiovascular Disease | • Serious Mental Illness |
| • Skilled Nursing Facility | • Chemical Dependency | • TeleMedicine and TeleHealth |
| • Home Healthcare | • Child Hearing Test | • Temporomandibular Joint Dysfunction |
| • Diagnostic Testing | • Child Immunizations | • Amino Acid-Based Elemental Formulas |
| • Miscellaneous Medical Services and Supplies | • Clinical Trials | • Orally Administered AntiCancer Medication |
| | • Colorectal Cancer Screening | • Oxygen |

Effective Date

Choose the start date of your plan. Effective dates available any day of the month between the 1st and the 28th. Coverage can begin as soon as the next day following enrollment.

Reapplication

Short Term Medical plans are issued for a period of time designated in advance. If your insurance needs extend beyond this time frame, you may need to apply for additional coverage. This will require a new application and will not be considered an extension of your current plan. Any illness or condition that develops while covered by your current plan will be considered a pre-existing condition and will not be covered by subsequent Short Term Medical plans.

Billing

Your initial payment is due at the time of your application. Recurring payments will be automatically drafted from your bank account or credit card on the same day each month following the initial payment, regardless of your effective date. We offer a 30-day grace period for declined payments.

Refunds and Cancellation

There is a 10-day free look period following the coverage start date. Cancellations received within the 10-day free look period will be eligible for a full refund, including the enrollment fee. Following the free look period a 10-day minimum cancellation notice is required. Cancellations will be effective at the end of the paid through date, no sooner than 10 days following the date the cancellation request is received.

Cancellations must be received in a written format via email, fax or mail:

Email: memberservices@ahcpsales.com

Fax: (888) 781-0586

Mail: Member Services

1100 NW Compton Drive, Suite 200
Hillsboro, OR 97006

Limitations and Exclusions

Limitations and Exclusions vary by state. Please consult your policy certificate for a complete list.

Except as specifically provided for in this policy or any attached riders, we will not pay benefits for sickness or injuries that are caused by or expenses incurred for:

1. Intentionally self-inflicted sickness or injury, whether sane or insane.
2. 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.
3. 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.
4. 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.
5. Dental treatment 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 covered person's coverage under the policy is in force.
6. Eyeglasses, contact lenses, eye exams, eye refraction or eye surgery for correction of refraction error; vision therapy; or artificial hearing devices.
7. Normal pregnancy or childbirth; routine well baby care including hospital nursery charges at birth; or abortion, except for complications of pregnancy, as defined herein.
8. 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.
9. Genetic testing or counseling including, but not limited to, amniocentesis and chorionic villi testing.
10. Sex transformation; treatment of sexual function, dysfunction or inadequacy; or treatment to enhance sexual performance or desire.
11. Treatment and medication to stimulate growth and growth hormones for any purpose.
12. Treatment, services or supplies to address quality of life or lifestyle concerns including, but not limited to: smoking cessation; snoring or sleep disorders; the treatment or prevention of hair loss; change in skin pigmentation; or cognitive enhancement.
13. Sterilization and drugs or devices used directly or indirectly to promote or prevent conception.
14. Weight reduction or weight control programs or treatment; or surgery for weight control, obesity or morbid obesity.
15. All treatments for varicose veins.
16. Therapy or treatment for learning disorders or disabilities, except as provided in the Benefits section for developmental delays.
17. Sales tax or gross receipt tax; provider administrative expenses including, but not limited to, charges for claim filing, contacting utilization review organizations, or case management fees.
18. 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.
19. Treatment of mental health conditions, substance use disorders; and outpatient treatment of mental and nervous disorders, except as specifically covered.
20. Treatment or services rendered by, or supplies purchased from, a member of your immediate family or an employer.
21. 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 covered person is charged with any violation in connection with the accident.

Limitations and Exclusions (Continued)

22.Treatment or services required due to injury received while engaging in any hazardous occupation or other activity, including the following: 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, professional or semi-professional contact sports of any kind. Also excluded are treatment and services required due to injury received while practicing, exercising, undergoing conditioning or physical preparation for any such activity.

23.Treatment or services required due to injury received while engaging in any hazardous occupation or other activity for which compensation is received, including the following: participating, instructing, demonstrating, guiding or accompanying others in skiing and horse riding. Also excluded are treatment and services required due to injury received while practicing, exercising, undergoing conditioning or physical preparation for any such compensated activity.

24.Treatment or services required due to injury sustained while participating in any interscholastic or inter-collegiate sport, contest or competition or while practicing, exercising, undergoing conditioning or physical preparation for any such sport, contest or competition.

25.Treatment or services required for sickness or injury resulting from being intoxicated (where the blood alcohol content meets the legal presumption of intoxication under the law of the state where the sickness or injury took place).

26.Expense incurred due to sickness or injury of which a contributing cause was the covered person's voluntary attempt to commit, participation in or commission of a felony, whether or not charged, or as a consequence of the covered person's being under the influence of illegal narcotics or non-prescribed controlled substances.

27.Custodial care; respice care; rest care; or supportive care.

28.Expenses incurred outside of the United States or its possessions or Canada.

29.Expenses incurred for experimental or investigational treatment, subject to the Pre-Authorization section.

30.Private duty nursing services rendered during hospital confinement and charges for standby healthcare practitioners.

31.Dental braces, dental appliances, corrective shoes, repairs to or replacement of prosthetic devices or orthotics, except as provided in the Benefits section.

32.Reduction mammoplasty; revision of breast surgery for capsular contraction or replacement of prosthesis, except as provided in the Benefits section.

33.Services or supplies for foot care, including care of corns, bunions or calluses, except capsular or bone surgery.

34.Treatment, services or supplies rendered or received when coverage under the policy is not in effect, except as provided under the Extension of Benefits provision.

35.Any amount in excess of the Usual, Reasonable and Customary amount as determined by us under the Policy.

36.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.

37.Treatment, services or supplies that are not medically necessary as determined by us under the Policy.

38.Treatment, services or supplies that are prescribed, provided or furnished in a manner primarily for the convenience of the covered person or doctor.

39.Treatment, services or supplies not described in the Benefits section.

40.Expenses for marital counseling or social counseling.

41.Outpatient prescription drugs, medications, vitamins, mineral or food supplements, including pre-natal vitamins, or any over-the-counter medicines, whether or not ordered by a doctor except as provided in the Benefits section for diabetes.

42.Treatment, services or supplies provided at no cost to the covered person.

43.Telephone consultations except as specifically covered or failure to keep a scheduled appointment.

44.Abortions, except in connection with covered complications of pregnancy or if the life of the expectant mother would be at risk.

45.Eye surgery, such as radial keratotomy, when the primary purpose is to correct nearsightedness, farsightedness or astigmatism.

46.Treatment for cataracts.

Limitations and Exclusions (Continued)

47.Treatment of the temporomandibular joint unless medically necessary and caused by a congenital or developmental deformity, sickness or Injury and except as specifically covered.

48.Biofeedback, acupuncture, recreational, sleep or music therapy, holistic care of any nature, massage and kinestherapy, except as provided in the Benefits section for acquired brain injury.

49.Orthoptics and visual eye training.

50.Hypnotherapy when used to treat conditions that are not recognized as mental and nervous disorders by the American Psychiatric Association, biofeedback and nonmedical self-care or self-help programs.

51.Any services or supplies in connection with cigarette smoking cessation.

52.Treatment incurred as a result of exposure to non-medical nuclear radiation and/or radioactive materials.

53.Treatment for or related to any congenital condition, except as it relates to a newborn or adopted child added as a covered person to the policy and as provided in the Benefits section for reconstructive surgery for craniofacial abnormalities and temporomandibular joint disorder

54.Spinal manipulation or adjustment.

55.Sclerotherapy for veins of the extremities.

56.Chronic fatigue or pain disorders; or immunodeficiency disorders.

57.Treatment or diagnosis of allergies, except for emergency treatment of allergic reactions.

58.Kidney or end stage renal disease.

59.Joint replacement or other treatment of joints, spine, bones or connective tissue including tendons, ligaments and cartilage, unless related to a covered Injury.

60.Hospice care.

61.Costs of services or supplies for personal comfort or convenience, including homemaker services or supportive services focusing on activities of daily life that do not require the skills of qualified technical or professional personnel, including but not limited to bathing, dressing, feeding, routine skin care, bladder care and administration of oral medications or eye drops, except as specifically covered.

62.Expenses for surgery during the first 6 months after the effective date of coverage for a covered person for a total or partial hysterectomy, unless it is medically necessary due to a diagnosis of carcinoma (subject to all other coverage provisions, including but not limited to, the pre-existing conditions exclusion); tonsillectomy, adenoidectomy, repair of deviated nasal septum or any type of surgery involving the sinus, myringotomy, tympanotomy, herniorrhaphy or cholecystectomies.

Pre-Existing Condition Exclusion

Charges resulting directly from a pre-existing condition are excluded from coverage. Pre-existing conditions are referred to as conditions for which medical advice, diagnosis, care, or treatment (including services and supplies, consultations, diagnostic tests or prescription medicines) was recommended or received within the 12 months immediately preceding the effective date, unless a lesser period is required by state regulation.

This exclusion does not apply to a newborn or newly adopted child who is added in accordance with the coverage eligibility and effective date sections within the policy of coverage.

This exclusion also does not apply to routine follow-up care for breast cancer to determine whether a breast cancer has recurred in a covered person who has been previously diagnosed with breast cancer, unless evidence of breast cancer is found during or as a result of follow-up care.

Pre-Authorization Notice

We review proposed and rendered health services to determine whether the services are or were medically necessary, experimental or investigative. This process is called pre-authorization.

Contact us for pre-authorization of the following services:

Non-Emergency Confinements:

Call at least 7 business days prior to an inpatient stay in a hospital. A non-emergency confinement is an inpatient stay for a sickness or injury that is not immediately life-threatening but is medically necessary.

Emergency Confinements:

Call within 24 hours (excluding Saturdays, Sundays and legal holidays), or as soon as reasonably possible, after an inpatient admission for emergency treatment.

Organ Transplant or Marrow Reconstitution or Support:

Call prior to any transplant evaluation, testing, preparative treatment or donor search.

Skilled Nursing Facility Confinements:

Call at least 7 business days prior to your admission.

Inpatient Rehabilitation Programs:

Call at least 7 business days prior to your admission.

Outpatient Physical Medicine:

Call at least 7 business days prior to receiving any services.

Outpatient or Day Surgery Procedures:

Call at least 7 business days prior to a scheduled outpatient procedure. Authorization is not required for: magnetic resonance imaging (MRI); computerized axial tomography (CAT) scan; ultrasound testing; an emergency room visit; or an office visit to a doctor unless surgery is performed.

Home Healthcare:

Call at least 7 business days prior to receiving any services.

Durable Medical Equipment:

Call at least 7 business days prior to obtaining the equipment if the purchase or rental price per month is more than \$500.

Dental Procedures Performed in a Hospital or Free-Standing Ambulatory Surgical Facility:

Call at least 7 business days prior to receiving any services.

Pre-Authorization Notice (Continued)

REDUCTION OF PAYMENT:

These authorization requirements are included to assist a covered person in obtaining the most appropriate medical care. Follow the requirements described above so you can receive the full benefits of coverage under the policy. If you do not obtain authorization for the services listed above or if the course of treatment is not performed in the manner authorized, your benefits will be reduced for otherwise Covered Expenses by the amount shown on the Benefit Schedule. The reduced amount, or any portion thereof, will not be applied to any deductible or out-of-pocket maximum determination.

In addition, NO benefits will be paid for expenses:

1. That are not for medically necessary services; or
2. That are otherwise not considered a covered expense; or
3. For organ transplant or marrow reconstitution or support if the procedure was not authorized prior to the beginning of the transplant evaluation, testing, preparative treatment or donor search.

AN AUTHORIZATION IS NOT THE SAME AS "VERIFICATION OF BENEFITS" AND DOES NOT GUARANTEE THAT BENEFITS WILL BE PAID. AUTHORIZATION ADDRESSES ONLY THE MEDICAL NECESSITY AND APPROPRIATENESS OF THE CARE TO BE RECEIVED, INCLUDING THE TYPE OF TREATMENT AND FACILITY. PAYMENT OF BENEFITS IS SUBJECT TO ALL THE TERMS, LIMITS, AND CONDITIONS IN THE POLICY, CERTIFICATE AND BENEFIT SCHEDULE.

THE REVIEW PROCESS MUST BE REPEATED IF TREATMENT IS RECEIVED MORE THAN 30 DAYS AFTER OUR REVIEW OR IF THE TYPE OF TREATMENT, ADMITTING DOCTOR OR FACILITY DIFFERS FROM WHAT WE AUTHORIZED.

Dependent Definitions

Spouse:

Your lawful spouse, common law spouse on the day we issue your policy.

Dependent Children:

Any natural children, step-children, legally adopted children, children placed into your custody for adoption including children for whom you are a party in a suit in which the adoption of the child is being sought or grandchildren if your grandchildren are dependents of yours for federal income tax purposes at the time of application for coverage of the grandchildren are made; and who are under 26 years of age.

Aetna Open Choice PPO Network



Nationwide Provider

Aetna Open Choice PPO Network is a preferred provider organization (PPO), which is a network of healthcare providers who agree to provide services at a pre-negotiated, reduced rate. Members have access to Aetna's broad national PPO network of healthcare providers and facilities. Containing more than 850,000 participating physicians and ancillary providers and 6,900 hospitals, Aetna's network provides services with strong, negotiated rates, helping you to save on the cost of healthcare.

Aetna's Added Healthcare Services

Aetna's network provides our members with the benefit of Aetna's specialty programs, including dialysis, lab services and transplant services.

Preferred Providers

With Aetna's comprehensive provider participation, many of your preferred doctors may already be in the Aetna network. To verify whether or not a doctor or healthcare facility participates, visit <http://www.aetna.com/docfind/custom/mymeritain/>.

Steps to Remember

Members need to show their ID card when they visit a doctor or facility and they should request that a copy is placed in their file. Their ID card identifies Aetna as their PPO network. This can help to ensure they receive all applicable network discounts.

Contact

For any questions regarding the Aetna Open Choice PPO Network, contact Meritain Health customer service at **(866)596-5817**.