

Short Term Medical Insurance Plan

Short Term Medical Insurance (STM) can be a solution for those individuals needing insurance in the short term, whether they are uninsured, waiting to meet the eligibility requirements for an employer sponsored group major medical plan, an open enrollment period or just need an affordable insurance product that fits their monthly budget. Benefits may vary by state – request a custom quote for coverage available in your state of residence.

SPECIAL FEATURES

- Coverage for up to 90 days
- Choose any doctor or hospital
- Affordable rates
- Convenient payment options: Check, money order, Visa/MasterCard, or automatic bank withdrawal

What Type Of Medical Expenses Are Covered?

- **Hospital Charges:** average semi-private room rate, medical care and treatment
- **Physician Services** for in-patient or out-patient diagnosis, treatment and surgery
- **Ambulatory Surgical Center** charges
- **Intensive Care:** up to three times the average semi-private room rate
- **X-Ray Exams, Laboratory** tests and analyses
- **X-Ray and Radioactive** isotope therapy, anesthesia, oxygen, casts, splints, crutches, braces, surgical dressings, artificial limbs or eyes, rental of medical supplies
- **Blood** or blood derivatives and their administration
- **Ground and Air Ambulance Services:** \$250 or \$500 per occurrence based on plan choice
- **Acquired Immune Deficiency Syndrome (AIDS):** \$10,000 per coverage period
- **Organ Transplants:** \$150,000 per coverage period
- **Surgeon Services** in the hospital or ambulatory surgical center

Detailed information about these and additional covered expenses is listed in the Policy. Not all covered expenses apply in every state, and additional expenses might be covered in your state. Consult the Policy for provisions in your state.

What Are The Benefits And How Do They Work?

FIRST

You pay the Plan Deductible – \$1,000 to \$5,000 for each insured depending on the Plan you choose. (Deductible applies per coverage period, not per cause; to a maximum of 3 per family)

THEN

The Plan pays 80% of the first \$10,000 of covered* expenses
You pay 20% of the first \$10,000 of covered* expenses

THEREAFTER

The Plan pays 100% of the next \$1,000,000 or 2,000,000 of covered* expenses (based on plan choice)

* reasonable and customary charges apply to covered expenses

What Is A Reasonable And Customary Charge?

A “reasonable and customary charge” is the charge typically made by physicians or suppliers of medical services, medicines and supplies within a specific geographic area.

Do I Need Precertification?

Pre-admission certification prior to eligible inpatient hospitalization or surgery by the covered individual within 48 hours is required. This is not a guarantee of benefits. Failure to precertify will result in benefit reductions.

Who Can Be Covered In The Short Term Medical Plan?

STM is offered to you and your spouse (through age 64 and not eligible for Medicare) and your dependent children up to age 26 who have a social security number and can answer “No” to seven health questions on the application.

Is There A Pre-existing Condition Limitation?

Yes. Pre-existing conditions are not covered. This includes any medical condition or sickness for which medical advice, care, diagnosis, treatment, consultation or medication was recommended or received from a doctor or that would cause a reasonable person to seek diagnosis, care or treatment within five years immediately preceding the STM effective date.

SEE MORE INFORMATION ON REVERSE SIDE

The Benefit Alliance Plan

 **Leslie & Associates, Inc.**

How Do I Enroll In The Short Term Medical Plan?

Unlike the other benefit options offered through the Benefit Alliance Plan, your rate for STM coverage is determined by your age, sex, state of residence and zip code. **Therefore, it is necessary for you to call Leslie & Associates via the TOLL FREE CUSTOMER SERVICE NUMBER: 1-800-644-6854. Leslie & Associates Customer Service Representatives will answer your questions regarding the STM plan, provide individualized rate information and assist you with enrolling in the Plan if it meets your needs.** Health Plan Administrators (HPA), the Third Party Plan Administrator, underwrites the application, issues your policy upon approval, handles the premium billing and pays claims.

When Will My Short Term Medical Coverage Begin?

All STM coverage is subject to approval of your application by the insurance company and payment of the first monthly premium. However, if you can answer “No” to the five health questions on the application and elect to pay your premium by VISA or MASTERCARD, your coverage can become effective within 24 hours. If you elect a different payment method, your coverage will begin as early as the day following the U.S. postmark stamp on your return envelope to Leslie & Associates. You can request a later effective date, but no more than 60 days after the application date.

How Long Will My Short Term Medical Coverage Last?

The STM plan offers coverage for one to six months. If your need for health insurance coverage continues after your initial coverage period ends, you may apply (in most states) for another STM Plan and coverage period. The next coverage period is not continuous and any condition that occurred during the prior coverage period will be excluded as a pre-existing condition.

What Services Are Not Covered?*

- Routine physical exams and tests, preventative care and immunizations
- Any services that are not medically necessary; experimental or investigational services
- Eye exams, eyeglasses, hearing aids and surgery
- Dental or orthodontic services
- Cosmetic surgery, treatment for acne, hair loss or varicose veins
- Treatment of foot conditions
- Medical care received outside of the United States, Canada or it's possessions
- Maternity and newborn treatment prior to discharge, any fertility treatments or sterilization treatments
- Over-the-counter medications and prescription drugs (*See Benefit Alliance Plan for prescription drug coverage*)
- Conditions resulting from an act of war, or any high-risk sports
- Services payable by Medicare or Worker's Compensation coverage
- Transplant services to the transplant donor
- Learning disorders, attention deficit disorder, hyperactivity or autism
- Obesity treatments; Sleep disorders; Alcohol or drug dependency and disorders
- Spinal manipulation or adjustment
- Participation in school or organized competitive sports
- Mental or nervous disorders, depression or suicide attempt
- Certain surgeries during the first six months

**Limitations and exclusions may vary by state. Please see the Policy/Certificate of Insurance for detailed information about these and other plan limitations and exclusions.*

About The Plan Administrator

Independence Holding Group (IHC, Inc) is comprised of affiliated insurance carriers, marketing and administrative companies and agencies committed to providing excellent service and competitive insurance products to groups and individuals. State of the art computer systems allow IHC Health solutions or provide superior service and flexibility to agent distributors and clients.

Coverage Termination

Coverage ends when: the premium is not paid when due; you enter full-time active duty in the Armed Forces; you become eligible for Medicare; the elected coverage period expires; the insurance company determines fraud or misrepresentation has been made in filing a claim for benefits; or a dependent ceases to be eligible.

PLEASE NOTE – This is only a brief description of the Short Term Medical Plan benefits, exclusions and other policy provisions and is subject to change. It is not a contract. All coverage is subject to the terms, conditions and limitations of the insurance company issuing the policy. Individual state limitations and/or variations may apply.

Short Term Medical insurance is **not** a substitute for a major medical plan that meets the minimum essential coverage levels as defined by the Patient Protection and Affordable Care Act (ACA). It can, however, offer financial protection in the event of an unexpected injury or illness while you are waiting for coverage to begin under an ACA-qualified plan.