

THE BRIDGE PLAN



FOR

*New U.S. Residents
awaiting Medicare Eligibility*

*U.S. Residents
awaiting Medicare Eligibility*

*U.S. Residents
without Medicare Part A or Part B*



PETERSEN INTERNATIONAL UNDERWRITERS

Lloyd's Correspondents

23929 Valencia Boulevard Suite 215 Valencia California 91355-2186
Telephone (800) 345-8816 (661) 254-0006 Facsimile (661) 254-0604
E-Mail: piu@piu.org Website: www.piu.org

Proposal for: _____

Age(s): _____

Date: _____

Policy period: _____

Deductible: _____

Premium: _____

Presented by: _____

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Underwritten by Certain Underwriters at Lloyd's

Name: first _____ middle _____ last _____

Current mailing address: number & street _____

city _____ state _____ zip code _____

Phone number: _____ **Fax number:** _____ **E-Mail:** _____

Date of birth: _____ **Height:** _____ **Weight:** _____ **Sex:** M F

Country of origin: _____ **Length of time residing in the U.S.:** _____

When do you expect to be eligible for Medicare? _____

Name and address of usual medical attendant: _____

Date and reason last seen: _____

Name and address of last medical attendant seen, if other than usual medical attendant (if none so state): _____

Date and reason seen: _____

Period of insurance required (not to exceed 12 months per period of insurance): _____

Commencing: _____ **Part A Only** **Part B Only** **Part A & B**

Deductible: \$ _____ all cause each cause **Premium mode:** annual semi-annual quarterly

Please answer the following questions. When the answer to a question is YES, state full dates and details in the space below.

- | | |
|---|---|
| 1. Do you have any physical defects or infirmity?..... <input type="checkbox"/> yes <input type="checkbox"/> no | 6. a) Have you ever undergone a surgical operation? <input type="checkbox"/> yes <input type="checkbox"/> no |
| 2. Is your sight or hearing defective? <input type="checkbox"/> yes <input type="checkbox"/> no | b) Have you any reason to believe that a surgical operation may be necessary in the future?..... <input type="checkbox"/> yes <input type="checkbox"/> no |
| 3. Have you ever suffered from any nervous or mental condition, fainting episode, blackout, fit or paralysis of any kind?..... <input type="checkbox"/> yes <input type="checkbox"/> no | 7. Have you ever been declined or accepted on special terms for life, accident or illness insurance?..... <input type="checkbox"/> yes <input type="checkbox"/> no |
| 4. Have you ever suffered from:
a) high blood pressure, a heart condition, hemorrhoids, varicose veins or other circulatory disorder, rheumatic fever or diabetes?..... <input type="checkbox"/> yes <input type="checkbox"/> no | 8. Do you intend to engage in winter sports or any other sports or pastimes rendering you liable to personal injury? <input type="checkbox"/> yes <input type="checkbox"/> no |
| b) a "slipped disc" or other spinal disorder, a hernia, or any rheumatic or arthritic condition?..... <input type="checkbox"/> yes <input type="checkbox"/> no | 9. Are there any additional facts affecting the proposed insurance which should be disclosed to the Underwriters? <input type="checkbox"/> yes <input type="checkbox"/> no |
| c) any respiratory, urinary or allergic condition, or any disorders of the stomach or bowels?..... <input type="checkbox"/> yes <input type="checkbox"/> no | 10. Are you currently taking any medications either prescribed or over the counter? <input type="checkbox"/> yes <input type="checkbox"/> no |
| d) any other condition requiring medical investigation or hospital treatment? <input type="checkbox"/> yes <input type="checkbox"/> no | 11. Do you have any other medical insurance at this time?..... <input type="checkbox"/> yes <input type="checkbox"/> no |
| 5. Have you ever suffered from any other conditions or injuries for which medical advice was sought?..... <input type="checkbox"/> yes <input type="checkbox"/> no | 12. Have you ever been insured by this plan or any other medical plan through Lloyd's of London? <input type="checkbox"/> yes <input type="checkbox"/> no |
| | 13. If female, date and result of last pap testing
_____ |
| | 14. If female, date and result of last mammogram
_____ |

Question number: _____ Dates and details: _____

Authorization: I hereby authorize any licensed physician, medical practitioner, hospital, clinic, or other medically related facility, insurance company, or other organization, institution or person, that has records or knowledge of me or my health, to Petersen International Underwriters.

Declaration: I declare that the above statements are true and complete, and that, apart from the matters declared above, I am in good health and ordinarily enjoy health. I agree to the Underwriters obtaining medical information from any doctor who has attended me and authorize such doctors to give information. I agree that this proposal shall form the basis of the contract should the insurance be effected and any misstatements above may be grounds for rescission. I understand that pre-existing conditions are not covered until I have been treatment free for 2 4 months after inception.

Proposed Insured _____ SIGNATURE _____ DATE _____



THE BRIDGE PLAN

An Individual Major Medical Plan for People Awaiting Medicare Eligibility

DESCRIPTION OF BENEFITS

The Bridge Plan is a major medical expense insurance plan intended for use by persons awaiting acceptance as a participant in the U.S. Medicare System. Foreign Nationals are eligible to participate in U.S. Medicare five years after becoming a U.S. Resident. Certain U.S. citizens not covered by both parts of Medicare A and B may also apply for coverage under this plan. The Bridge Plan pays medically necessary expenses incurred. The expenses eligible for payment under this plan are subject to the deductible, coinsurance and limitations as outlined in the certificate.

The Bridge Plan pays like this...

Deductible

A choice of \$1,000, \$1,500 or \$2,500 per cause, per person or all-cause, per person if the optional all-cause deductible is selected.

Coinsurance

The plan pays 80% of the eligible expenses that exceed the deductible amount, up to the next \$10,000.

Thereafter

After the deductible and coinsurance amounts are satisfied, 100% of eligible expenses are paid on the basis of usual, customary and reasonable charges, up to the plan maximum of \$250,000 up to age 74. (\$100,000 maximum ages 75-79 and \$50,000 maximum ages 80 and up.)

Additional Information

1. The deductible and coinsurance are on a per cause, per policy period basis.
2. The maximum benefit, limitations and pre-existing conditions begin from the inception date of the first certificate.
3. The plan may include coverage for Part A, Part B or both.

Covered Expenses

Part A: These benefits include Hospitalization, Hospice Facilities, Skilled Nursing Facilities, and Home Health Care Services, based on medical necessity.

Part B: These benefits include the costs of Physicians and Surgeons on either an in-patient or out-patient basis, supplies, therapy and ambulance services, based on medical necessity.

Plan highlights

- **Any Doctor and Any Hospital.**
- Conditionally renewable annually for **up to five years**. In the event of non-renewal, if hospitalized, benefits shall continue for up to thirty days beyond the period of insurance.
- Benefits paid based on **usual, customary and reasonable charges and not on diagnostic related groups**. (DRG is what Medicare uses. A much lower fee schedule.)
- **Choice of Deductibles**

Pre-existing conditions

A pre-existing condition means any condition which originated and which would have caused an ordinarily prudent person to seek medical diagnosis or treatment or was treated or diagnosed prior to the coverage effective date. A pre-existing condition shall not be covered until a period of 24 months, treatment free, has elapsed after inception of the first certificate.

The Bridge Plan, like Medicare, pays a large part of health care expenses, but it does not pay all of them. There are limits as to amounts payable.

*This is a brief description of the insurance provided by this plan.
The Certificate of Insurance is the complete description of coverage.*

THE BRIDGE PLAN

DESCRIPTION OF BENEFITS

Part A: Hospitalization

Hospitalization Benefits

Covered expenses include semi-private room and board charges, general nursing, miscellaneous hospital services and supplies, drugs, x-rays, laboratory tests and operating rooms.

Hospice Facilities Benefits

Such costs are covered, including medically necessary out-patient treatment. A physician must certify the need of such care.

Skilled Nursing Facility Benefits

Such costs are covered following a necessary hospital confinement of three days or longer and begins within thirty days following the hospital confinement.

Home Health Care Services Benefits

Skilled care at home is covered if such care is deemed to be medically necessary.

Part B: Physicians and Surgeons

Physicians and Surgeons Benefits

The costs of physicians and surgeons are covered on either an in-patient or out-patient basis. Supplies, therapy and ambulance services are covered if prescribed as medically necessary.

Conditions:

1. Benefits are paid directly to you to reimburse you for eligible medical expenses which have been paid by you, unless we agree to pay the provider directly. Unless and until we agree, this is a reimbursement plan.
2. The certificate is issued on the basis of information given in the Application. A copy of the Application becomes a part of the certificate of Insurance.
3. Material misstatement or concealment of health information made by or on behalf of you may render the insurance null and void.
4. Notice of claim is to be given at the earliest possible date.
5. This coverage is renewable at the option of the underwriters.
6. Benefits shall be paid for all eligible expenses which are necessarily incurred due to an illness manifesting itself or an accidental bodily injury occurring during the period of insurance.
7. These benefits are available only if there is no other source of funding available through any government insurance or private programs.

Limitations and Exclusions

Expenses which have limitations include:

Alzheimer's is limited to a lifetime maximum benefit of \$25,000.

Cardiac related conditions are limited to a maximum benefit of \$25,000 the first 180 days after inception. After 180 days, benefits will be paid as any other condition.

Cataract surgery and procedures are limited to a maximum benefit of \$2,000.

Expenses which are not covered include: Any expense which you are not legally obligated to pay; services which are not medically necessary or are not furnished by and under supervision of a Physician; any type of expense for which payment was made by Medicare or any other private or public program; expenses incurred in excess of usual, customary, and reasonable charges in your home area; outpatient drugs; self-inflicted injuries while sane; treatment of alcoholism, drug addiction, allergies, and nervous or mental disorders; rest cures, quarantine or isolation; cosmetic and plastic surgery unless necessitated by an accidental injury; dental exam, dental x-rays and general dental care except as the result of an accidental injury; eye glasses; hearing aids; general or routine exams; coverage outside the boundaries of the United States; injuries due to war or any act of war, whether declared or undeclared; or while committing a criminal or felonious act; or expenses for or resulting from subjective pain. Injuries sustained from participation in hazardous sport (mountaineering, hang gliding, scuba diving, etc.); This policy will automatically cease upon eligibility of the insured into the United States Medicare System. It is your responsibility to enroll in Medicare when you are first eligible.

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An Individual Major Medical Plan
for People Awaiting Medicare Eligibility

PLAN RATES

EACH CAUSE DEDUCTIBLE			
	Quarterly	Semi-Annually	Annual
\$ 1,000 DEDUCTIBLE			
AGE			
60-64	\$ 1,054	\$ 2,033	\$ 3,696
65-69	\$ 1,137	\$ 2,193	\$ 3,987
70-74	\$ 1,394	\$ 2,691	\$ 4,891
75-79 (\$100,000 max. benefit)	N.A.	N.A.	N.A.
80-84 (\$50,000 max. benefit)	N.A.	N.A.	N.A.
\$ 1,500 DEDUCTIBLE			
AGE			
60-64	\$ 911	\$ 1,757	\$ 3,194
65-69	\$ 977	\$ 1,924	\$ 3,498
70-74	\$ 1,207	\$ 2,330	\$ 4,235
75-79 (\$100,000 max. benefit)	\$ 1,412	\$ 2,724	\$ 4,952
80-84 (\$50,000 max. benefit)	N.A.	N.A.	N.A.
\$ 2,500 DEDUCTIBLE			
AGE			
60-64	\$ 744	\$ 1,435	\$ 2,609
65-69	\$ 842	\$ 1,625	\$ 2,955
70-74	\$ 965	\$ 1,862	\$ 3,385
75-79 (\$100,000 max. benefit)	\$ 1,174	\$ 2,266	\$ 4,120
80-84 (\$50,000 max. benefit)	\$ 1,370	\$ 2,643	\$ 4,806

ALL CAUSE DEDUCTIBLE		
Quarterly	Semi-Annually	Annual
\$ 1,000 DEDUCTIBLE		
\$ 1,212	\$ 2,339	\$ 4,251
\$ 1,308	\$ 2,523	\$ 4,586
\$ 1,604	\$ 3,094	\$ 5,625
N.A.	N.A.	N.A.
N.A.	N.A.	N.A.
\$ 1,500 DEDUCTIBLE		
\$ 1,048	\$ 2,021	\$ 3,674
\$ 1,140	\$ 2,200	\$ 3,999
\$ 1,389	\$ 2,680	\$ 4,871
\$ 1,623	\$ 3,132	\$ 5,694
N.A.	N.A.	N.A.
\$ 2,500 DEDUCTIBLE		
\$ 855	\$ 1,649	\$ 2,998
\$ 969	\$ 1,870	\$ 3,399
\$ 1,110	\$ 2,142	\$ 3,893
\$ 1,351	\$ 2,607	\$ 4,739
\$ 1,576	\$ 3,040	\$ 5,527

For Policy Periods less than 12 months, premiums and benefit limits will be quoted by Underwriters.

Discounts: For Part A coverage only = above rates x .60; For Part B coverage only = above rates x .60

FIELD UNDERWRITING GUIDELINES

- **Do not send money with the application.**
- Each applicant must fill out his or her own application.
- Applications may be submitted on originals, photocopies or facsimiles.
- Effective dates are either 24 hours after completion of underwriting and receipt of premium, or a requested date up to 30 days after the approval.
- Upon underwriting approval, we will notify you and request that you pick up the premium. We will bind coverage after confirmation of premium receipt. This may include a Fax of the check to our office.
- The certificate, will be mailed the day we receive the premium and the application which bears the original signature.



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Rates and Wording may change without notice.*

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An Individual Major Medical Plan for People Awaiting Medicare Eligibility

THE PROBLEM

Senior age people desire coverage under the Social Security Medicare program. There are some people who, either by residency status or other reasons, may not be currently eligible for Medicare. All permanent residents and citizens of the United States are eligible for Medicare at some point in time. There are three conditions for which The Bridge Plan plan is used as a temporary substitute.



WHO BUYS AND NEEDS THE BRIDGE PLAN?

New United States Residents

Medicare will accept people who have been a permanent resident of the United States for at least five years.

This does not require citizenship or any payment into Social Security prior to eligibility. The only requirement is that they must pay a premium to have both part A and part B.

Solution The Bridge Plan is available to persons who have become permanent residents of the United States and who are awaiting Medicare eligibility.

United States Residents/Citizens Who Missed Medicare Enrollment

Some people may be eligible for Medicare due to age and qualifications, but have failed to enroll. Enrollment is not automatic. Social Security does not remind people to enroll. If they miss their enrollment period they must wait to enroll at a later date. This may be as much as 18 months later!

Solution The Bridge Plan will cover them with benefits similar to Medicare on a temporary basis until the next enrollment opportunity.

A Person On Medicare Who Does Not Have Either Part A or Part B

Some people, for various reasons, have only Part A or Part B. They may be able to get the additional part through Medicare, but at a later date.

Solution The Bridge Plan may be sold with both Part A and Part B, just Part A, or just Part B.

DON'T FORGET!

Like Medicare, The Bridge Plan covers individuals while in the United States only! If they plan to travel, they need the added security of the International Major Medical Plan for the time they will be outside the U.S.A.

New Option Available!

The All-Cause Deductible Option may replace the plan's standard Per Cause deductible. This changes the deductible to a single deductible for all claims within the plan's period of coverage.

**All permanent residents and citizens of the United States
are eligible for Medicare at some point in time!**

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(661) 254-0006 (800) 345-8816 Facsimile (661) 254-0604

Website: <http://www.piu.org> E-Mail: piu@piu.org

AUTHORIZATION TO RELEASE PERSONAL INFORMATION HIPAA Compliant

I AUTHORIZE any physician, medical practitioner, hospital, clinic, health care facility, other medical or medically related facility, insurance or reinsuring company, consumer reporting agency, employer having information available as diagnosis, treatment, and prognosis with respect to any physical or mental condition and/or treatment of me or my minor children to provide to Petersen International Underwriters, Inc., or to any agency authorized by Petersen International Underwriters, Inc to collect any and all such information by means of U.S. Post , fax or e-mail.

I AUTHORIZE Petersen International Underwriters to communicate with me/us or our representative via mail, phone, fax or electronic mail regarding quotations, underwriting, claims, coverage administration, or additional coverages from Petersen International Underwriters.

I UNDERSTAND the purpose of this Authorization is to allow Petersen International Underwriters, Inc., to determine eligibility for life or health insurance or claim for benefits under a life or health policy. Any information obtained will not be released by Petersen International Underwriters, Inc., to any person or organization EXCEPT to those persons or organizations needing such information in performing business or legal services in connection with my application, claim or as may be otherwise lawfully required or as I may further authorize.

I KNOW that I may request to receive a copy of this Authorization.

I UNDERSTAND that I may revoke this Authorization, except to the extent that Petersen International Underwriters, Inc. has acted in reliance upon this Authorization. My revocation must be submitted in writing to Petersen International Underwriters Inc.. Any such revocation may also have an impact upon my Underwriting or claims processing.

I UNDERSTAND that I can obtain a complete copy of Petersen International Underwriters Inc. Privacy Policy either on Petersen International Underwriters, Inc. website or by contacting them directly and asking for a copy.

I AGREE that a photostatic copy of this Authorization shall be as valid as the original.

I AGREE this Authorization shall be valid for two years from the date shown below.

Signed this _____ day of _____ 20_____

Signature of Proposed Insured

Petersen International Underwriters Privacy Policy Statement

Petersen International Underwriters

Petersen International Underwriters want you to understand how we protect the confidentiality of non-public personal information we collected about you.

Information We Collect

We collect non-public information about you from numerous sources including, but not limited to:

- a) Information we receive from you on applications and other forms;
- b) Information about your transactions with our affiliates, others or us;
- c) Information we receive from consumer-reporting agencies; and
- d) Financial and medical sources.

Information We Disclose

We do not disclose any non-public information about you to anyone except as is necessary in order to provide our products or services to you or otherwise as we are required or permitted by law (e.g. subpoena, fraud investigation, regulatory reporting, etc.).

Confidentiality and Security

We restrict access to non-public personal information about you to our employees, our affiliates' employees or others who need to know that information to service your account. We maintain physical, electronic and procedural safeguards to protect your non-public personal information.

Contacting Us

If you have any further questions about this privacy statement or would like to learn more about how we protect your privacy, please contact the insurance producer who handled this case, or our offices at: 23929 Valencia Boulevard, Suite 215, Valencia, California 91355, (800)345-8816, e-mail: piu@piu.org