



SHORT TERM MAJOR MEDICAL

"TEMPORARY MEDICAL INSURANCE PLAN"



SHORT TERM MAJOR MEDICAL PLAN



DESCRIPTION OF AVAILABLE BENEFITS

The insurance described herein is a temporary major medical insurance plan with a maximum term length of 11 Months. Eligible expenses caused by an illness or injury and incurred from any doctor or any hospital within the USA will be reimbursed to you.

HOW COVERAGE WORKS

- 1 All expenses are applied toward the deductible.**
- 2 Once the deductible has been fulfilled, the policy will cover 100% up to \$1,000,000.**

The Short Term Major Medical plan is set up to be as simple as possible - No co-pay & No coinsurance. Policy Maximum and deductible are per person, per policy period. There is a choice of \$100, \$250, \$500, \$1,000, or \$2,500 deductibles.

Eligible Expenses

Hospital Expenses: All medically necessary expenses while hospitalized including:

- Hospital room and board limited to semi-private daily rate,
- Hospital intensive care unit,
- Emergency room care,
- Outpatient surgery,
- Diagnostic services,
- Supplies and therapy.

Physician Services: All medically necessary expenses for treatment including:

- Physician services consisting of home, office, and hospital visits,
- Other medical care and treatment,
- Diagnostic services,
- Supplies and therapy.

Skilled Nursing Facilities: Skilled Nursing Facility room and board, provided confinement begins within 30 days following a Medically Necessary Hospital confinement of 3 days or longer.

Home Health Care: All medically necessary expenses if hospitalization would have been required if Home Health Care was not provided and the care is provided in accordance with a written plan established, approved and followed by a physician.

Ambulance Services Expenses: To and from a hospital within 100 miles in the same geographic area.

Prescription Drugs: Outpatient prescription medications covered up to a maximum of \$500.

\$25,000 Accidental Death: \$50,000 if accidental death occurs while riding as a passenger of a common carrier.

Policy Period: The Short Term Major Medical Plan is a temporary plan and has a maximum policy period of 11 months.

This plan is not compliant with the Affordable Care Act

This is not intended to be a complete outline of coverage. Actual wording may change without notice.
Underwriters reserve the right to modify terms and benefits at time of underwriting.

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OPTIONAL COVERAGE

Sports or Activities Coverage

If you elect this option, underwriters will reimburse you for eligible expenses which are incurred due to an injury resulting from participation in a sport or activity that is specifically named on the Schedule of Coverage. Benefits will be paid up to a maximum of \$250,000 or the maximum benefit as stated in the schedule, whichever is lesser.



MONTHLY PREMIUMS

Monthly Premium by Deductible Amount						
Age	\$100 Deductible	\$250 Deductible	\$500 Deductible	\$1,000 Deductible	\$2,500 Deductible	\$5,000 Deductible
Child*	\$89	\$85	\$80	\$76	\$71	\$65
0-18	\$225	\$216	\$206	\$196	\$185	\$137
19-29	\$230	\$220	\$209	\$199	\$189	\$139
30-39	\$277	\$262	\$247	\$232	\$219	\$162
40-49	\$352	\$331	\$309	\$288	\$266	\$202
50-59	\$459	\$428	\$397	\$366	\$334	\$256
60-64	\$508	\$473	\$437	\$402	\$365	\$281

*Child (Age 0-17) rate is only if applying in conjunction with an adult, otherwise use the 0-18 rate.

To Add the Sports or Activities Option - Please Add 25% to the Above Rates

TERMINATION OF BENEFITS

The insurance described in this Certificate will terminate upon the Expiry Date of this Certificate or the date US citizenship obtained, whichever occurs first. If on the Expiry Date, You are a patient confined in a Hospital in the specified Geographic Area, benefits will continue until (i) the date You are discharged from the Hospital, or (ii) thirty (30) days beyond the Expiry Date, or (iii) the date US citizenship is obtained, whichever occurs first.

[This plan is not compliant with the Affordable Care Act](#)

This is not intended to be a complete outline of coverage. Actual wording may change without notice.
Underwriters reserve the right to modify terms and benefits at time of underwriting.

Producer Number: _____

Short Term Major Medical Application - Individual Application

This is a temporary major medical insurance plan intended for **reimbursement** of eligible expenses from injuries or illnesses which occur within a specified geographical area. Benefits may be assignable once validated. Until then, benefits are paid directly to you to reimburse you for necessary medical expenses which have been paid by you, subject to covered expenses as outlined in the certificate.

Name (Last, First)	Date of Birth	Gender	Coverage Dates*
	/ /	M / F	/ / to / /

*Not to exceed 11 months. The earliest effective date is the day after the application is submitted.

Address and Contact Information

Number & Street _____

City _____ State _____ Zip Code _____

Email _____ Telephone (_____) _____ - _____

Benefit Provisions & Payment Information

Deductible: \$ _____

☐ Sports or Activities Coverage Option - Specify Sport or Activity _____

Monthly Payment Authorization

Credit Card: ☐ Visa ☐ MasterCard ☐ American Express

Monthly Premium: \$ _____

Credit Card #: _____ - _____ - _____ - _____

Expiration Date: ____ / ____

Declaration

I declare that the above statements are true and complete. I am in good health and ordinarily enjoy good health. 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 this is a temporary insurance policy designed to reimburse the insured person for medical expenses incurred during the policy period and a new period of insurance is only available at the option of the underwriter and is subject to a new pre-existing condition exclusion. I understand the terms and conditions of this product.

I also understand that since this is a temporary policy it is exempt from the Patient Protection and Affordable Care Act (PPACA) so pre-existing conditions are not covered by this policy.

Proposed Insured: _____ Signature: _____ Date: _____
Please Print

Guardian of Insured: _____ Signature: _____ Date: _____
(If Applicant is Please Print
under age 18)

Producer Number: _____

Short Term Major Medical - Family Application

This is a temporary major medical insurance plan intended for **reimbursement** of eligible expenses from injuries or illnesses which occur within a specified geographical area. Benefits may be assignable once validated. Until then, benefits are paid directly to you to reimburse you for necessary medical expenses which have been paid by you, subject to covered expenses as outlined in the certificate.

Primary Applicant Name (Policy Owner)	Date of Birth	Gender	Hazardous Sports If Yes - Please Specify Sport
	/ /	M / F	<input type="checkbox"/> Yes <input type="checkbox"/> No _____

Additional Applicants

	/ /	M / F	<input type="checkbox"/> Yes <input type="checkbox"/> No _____
	/ /	M / F	<input type="checkbox"/> Yes <input type="checkbox"/> No _____
	/ /	M / F	<input type="checkbox"/> Yes <input type="checkbox"/> No _____
	/ /	M / F	<input type="checkbox"/> Yes <input type="checkbox"/> No _____
	/ /	M / F	<input type="checkbox"/> Yes <input type="checkbox"/> No _____

☐ I hereby confirm that the individuals listed above are not part of an Employer Group.

Number & Street _____

City _____ State _____ Zip Code _____

Email _____ Telephone (____) _____ - _____

Requested Effective Date*: _____ Requested Expiry Date: _____

Deductible: \$ _____

*Not to exceed 11 months. The earliest effective date is the day after the application is submitted.

Monthly Payment Authorization

Credit Card: ☐ Visa ☐ MasterCard ☐ American Express

Monthly Premium: \$ _____

Credit Card #: _____ - _____ - _____ - _____

Expiration Date: ____ / ____

Declaration

I declare that the above statements are true and complete. I am in good health and ordinarily enjoy good health. 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 this is a temporary insurance policy designed to reimburse the insured person for medical expenses incurred during the policy period and a new period of insurance is only available at the option of the underwriter and is subject to a new pre-existing condition exclusion. I understand the terms and conditions of this product.

I also understand that since this is a temporary policy it is exempt from the Patient Protection and Affordable Care Act (PPACA) so pre-existing conditions are not covered by this policy.

Primary Applicant: _____ Signature: _____ Date: _____
Please Print

Guardian of Insured: _____ Signature: _____ Date: _____
(If Applicant is Please Print
under age 18)

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PRE-EXISTING CONDITIONS LIMITATIONS

Pre-existing condition means a physical, mental or chemical condition which arose from any accident or sickness for which you sought medical advice or treatment within twelve months prior to the effective date of the coverage or which caused symptoms for which an ordinarily prudent person would have sought medical advice within that twelve months.

LIMITATIONS

1. The maximum Eligible Expense for room and board charges for an intensive care unit is three times the Provider's semi-private room rate.
2. The maximum Eligible Expense for outpatient prescription medication(s) is \$500.00 in the aggregate and for a maximum prescribed period of ninety (90) days for any one prescription.

EXCLUSIONS

1. Any expense which You are not legally obligated to pay.
2. Services which are not Medically Necessary or are not furnished by and under supervision of a Physician.
3. Expenses for services and supplies for which You are entitled to benefits, services or reimbursement through the Veterans' Administration, Workers' Compensation insurance, any private health plan or from any other source except Medicaid.
4. Expenses in excess of UCR.
5. Self-inflicted injuries while sane or insane.
6. Treatment for alcoholism, drug addiction, allergies, and/or Mental or Nervous Disorders.
7. Rest cures, quarantine or isolation.
8. Cosmetic surgery unless necessitated by an accidental Injury.
9. Dental exams, dental x-rays and general dental care except as a result of an accidental Injury.
10. Eye glasses or eye examinations.
11. Hearing aids or hearing examinations.
12. General or routine examinations.
13. Injuries sustained from participation in Hazardous Sports or Activities.*
14. Pregnancy and pregnancy-related conditions including but not limited to fertility, pre-natal care, childbirth, miscarriage, abortion or postpartum conditions.
15. Injuries or Illnesses due to War or any Act of War whether declared or undeclared.*
16. Injuries or Illnesses due to Terrorism or any Act of Terrorism whether declared or undeclared.*
17. Injuries or Illnesses due to an Act of Terrorism involving the use or release of any nuclear weapon or device or chemical or biological agent, regardless of any contributory cause(s).
18. Injuries or Illnesses sustained while committing a criminal or felonious act.
19. Expenses incurred for or resulting from pain which is not supported by medical diagnosis.
20. Cataract surgery.
21. Any elective surgery, including but not limited to complications of previous elective or cosmetic surgeries.
22. Custodial Care.
23. Expenses for supplies and services that were not incurred within the specified Geographic Area.
24. Pre-existing conditions.
25. Racing of any kind, all professional or semi-professional sports, and collegiate, sponsored, or interscholastic athletics.**

* This exclusion can be removed if the appropriate additional premium has been paid and the optional benefit is indicated on the Schedule or attached by an endorsement.

** This exclusion can be removed if the appropriate additional premium has been paid and the optional benefit is indicated on the Schedule or attached by an endorsement. Please note this exclusion cannot be removed with the online enrollment.