Med Plus STM

Short Term Medical Insurance

Med Plus STM is ideal for those who are:

- Between jobs or laid off
- Waiting for employer benefits
- Part-time or Temporary employees
- Recently graduated
- Without adequate health insurance

Exclusive features include:

- Up to $2,000,000 Lifetime Maximum per Covered Person
- Choice of Coverage Periods of up to 6 or 12 months (Not available in all states)
- Doctors Office and Urgent Care Center Visits - $50 Co-pay (Maximum of 3 per Covered Persons)
- Choice of deductibles - $250, $500, $1,000, $2,500, $5,000, $7,500 or $10,000
- Coinsurance options of 80% or 50% up to either $5,000 or $10,000
- Freedom to choose any doctor or hospital
- Foreign Travel (medical care while in a foreign country) covered up to $25,000 (After a $250 benefit deductible)
- Choose to pay premiums two convenient ways - in a single upfront payment for 30 to 180 days, or pay by convenient monthly installments

Underwritten by:

Starr Indemnity & Liability Company
Rated "A" (Excellent) by A.M. Best Company

Exclusively Distributed By:

Health Insurance Innovations
Partnered with Elite Re

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This brochure provides a brief description of the plan. The policy will contain reductions, limitations, exclusions, and termination provisions. Full details of the coverage are contained in policy form number AH-60001. If there are any conflicts between this document and the Policy, the Policy shall govern. Med Plus STM is not available in all states and coverage and benefits may vary by state as well.

EPS01-04052010

Med Plus STM

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Why Short Term Medical (STM)?

Circumstances in life may have caused you to lose your health insurance. Unexpected illnesses and accidents happen every day, so don’t put your financial future at risk if you can purchase short term medical insurance, until permanent insurance is available for you.

That’s why Health Insurance Innovation’s **NEW Med Plus STM** is the affordable solution right for you. Med Plus STM pays benefits like a major medical insurance plan, but for a pre determined length of coverage, up to a Lifetime Maximum of $2,000,000 per Covered Person. You can select from a wide range of deductible and coinsurance options to tailor a plan to fit your lifestyle needs and budget!

How do I figure out what I need and where do I start?

First, you select your Coverage Period:

- **Single Payment:**
  This option is ideal if you know the exact number of days you need coverage. The minimum number of days you may apply for coverage is 30 days, the maximum is 180 days. You pay now for the number of days you will need STM coverage. We accept payment by check, Visa or MasterCard.
- **Monthly Pay:**
  This is ideal if you are unsure how long coverage is needed. This "pay as you go" option gives you the flexibility to continue coverage for as long as it's needed or simply stop payments and discontinue the plan once your temporary need ends. You can select coverage up to 6 months or up to 12 months (not available in all states). We accept automatic monthly payments by Visa, MasterCard or Bank Draft.

Then, based on your lifestyle needs and budget, you select one from each of the following:

- **Deductible: $250, $500, $1,000, $2,500, $5000, $7,500, or $10,000**
  This is the amount of Covered Expenses that each Covered Person must pay before Coinsurance benefits are payable.
- **Coinsurance Percentage: 80/20 or 50/50**
  After the deductible is satisfied, this represents the percent of covered expenses that we pay and that you pay up to the Co-insurance Limit.
- **Coinsurance Limit: $5,000 or $10,000**
  Once you’ve reached your Coinsurance Limit of $5,000 or $10,000 (based on your selection), we pay 100% up to the $2,000,000 Lifetime Maximum. For example, if the coinsurance is 80/20, we will pay 80% and you will pay 20% for covered expenses until you have met your Coinsurance Limit. Then we will pay at 100% up to the Lifetime Maximum.

What medical expenses are covered?

The following benefits are for Insured and each Covered Dependent subject to the plan Deductible, Coinsurance Percentage, Coinsurance Limit and Lifetime Maximum of $2,000,000. Benefits are limited to the Usual, Reasonable and Customary charge for each Covered Expense, in addition to any specific limits stated in the policy.

- Inpatient Hospital charges paid at the average semi-private room rate
- Miscellaneous Medical Services, doctors medical care and treatment
- Intensive or Critical Care up to three times the average semi-private room rate
- Doctors Office and Urgent Care Center - 100% after a $50 co-payment, up to three visits per Coverage Period. The first three visits are not subject to the Deductible. Beginning with the fourth visit, benefits are subject to the Deductible and Coinsurance Percentage and Limit.
- Outpatient Hospital or Emergency Room Care
- Physician services for treatment and diagnosis
- Foreign Travel (medical care while in a foreign country) after a $250 Benefit Deductible up to a $25,000 Maximum per Coverage Period
- Skilled Nursing Facility $30 per day up to a maximum of 30 days per Coverage Period
- Ambulatory Surgical Center or Outpatient Hospital Surgical Facility
- Surgeon services in the hospital or ambulatory surgical center
- Assistant Surgeon services up to 20% of surgeons benefit
- Anesthesia services up to 20% of surgeons benefit
- X-ray exams, laboratory tests and analysis, radioactive isotope therapy, oxygen, casts, splints, crutches, braces, surgical dressings, artificial limbs or eyes, rental of medical supplies
- Ambulance Ground or Air Maximum Benefit of $250 per trip
- Blood or blood derivatives and their administration
- Mammography
- Inpatient prescription drugs
- Home Health Care up to $40 per visit up to a Maximum of 40 visits per Coverage Period

Covered medical expenses continued:

- Hospice Care up to $5,000 Maximum per Coverage Period
- Acquired Immune Deficiency Syndrome (AIDS) up to $10,000 Maximum per Coverage Period
- Temporomandibular Joint Disorder (TMJ) up to $3,500 Maximum per Coverage Period
- Gallbladder surgery up to $2,500 Maximum per Coverage Period
- Injury or disorders of the knees up to $2,500 Maximum per Coverage Period (both knees)
- Organ tissue transplants up to $50,000 Maximum per Coverage Period

Note: This is a brief description of the plan benefits, which may vary by state..

What is Pre-Admission Certification?

This plan requires a Pre-Admission Certification by a Professional Review Organization service prior to in-patient hospitalization or surgery. You must call the service within 10 days prior to an elective or non-emergency hospitalization or surgery; within 48-hours following an emergency admission, or as soon as reasonably possible if the person's medical condition prevents or delays such notification; within 48-hours of delivery (96 hours for cesarean section) for complicated childbirth or as soon as reasonably possible. Failure to pre-certify will result in a reduction in benefits of 50%.

How does Usual, Reasonable and Customary affect my benefits?

We may use and subscribe to a standard industry reference source that collects data and makes it available to its member companies in order to determine the amount that should be considered as Usual, Reasonable and Customary for services and supplies.

Do I have the option to use any doctor or hospital?

Yes, there is no PPO or HMO Network requirement to receive full benefits.

What if I change my mind after I purchase the STM Coverage?

If for any reason you are not satisfied with your coverage, and you have not filed a claim, you may return the Certificate to us within 10 days after you receive it. We will refund any premium you paid and your STM coverage will be null and void.

What is the Pre-Existing Conditions Limitation?

We will not provide benefits for any loss caused by or resulting from, a Pre-Existing Condition.
A Pre-Existing Condition is defined as any medical condition or Sickness for which medical advice, care, diagnosis, treatment, consultation, or medication was recommended by or received from a Doctor within the 5 years immediately prior to a Covered Person's Effective Date of Coverage. (The Pre-Existing Conditions Limitation varies by state and may be less than 5 years.)

Who is eligible to apply for this insurance?

Med Plus STM is available to Med Sense Guarantee Association members and their spouses, who are between 18 and 64 years old; and their dependent unmarried children under 19 years old or under 25 if a full time student in an accredited school. (This may vary by jurisdiction.); and can answer "No" to all of the questions in the application for insurance. Child-only coverage is available for ages two through 18.

When does coverage start?

You can select your insurance to be effective as early 12:01 a.m. the day following the transmission date of your application. However, you can choose a later effective date, but not to exceed 60 days from the date of transmission. All coverage is subject to approval of your application and payment of your first premium.

When does the STM coverage terminate?

Med Plus STM will automatically terminate on the earliest of the following dates:
The Expiration date of your coverage; the date the Group Policy Terminates; the date the insurance under the Group Policy is discontinued; the due date of a premium payment, if is is not paid by the end of the 31 day grace period; the date you become eligible for Medicare; your dependent's coverage ends when your coverage terminates or the dependent becomes eligible for Medicare; or the dependent ceases to be eligible; the date you enter full-time active duty in the armed forces of any country or international organization; or the date we determine fraudulent statements or material misrepresentation have been made by you or with your knowledge in filing a claim for benefits.

What services and charges are not covered?

The following is a partial list of services or charges not covered by Med Plus STM: *

- Not medically necessary, except as specifically defined in the policy
- Payable by Medicare or Workers' Compensation coverage
- Payable under any automobile insurance
- Declared or undeclared war, participation in a riot, illegal act or occupation, or an attempted felony or assault
- Pregnancy or childbirth, except for Complications of Pregnancy
- Maternity and new born treatment prior to hospital discharge
- Infertility or sterilization treatments or procedures
- Mental Illness or Nervous Disorders, attempted suicide or intentionally self-inflicted Injury
- Learning disorders, attention deficit disorder or hyperactivity, or autism
- Alcoholism or abuse, drug addiction or abuse
- Cost of programs, treatment, or procedures for tobacco use cessation
- Dental or orthodontia care, eye exams or glasses, hearing aids, or sleeping disorder
- Cosmetic or reconstructive procedures, except as specifically covered

Not covered medical expenses continued:

- Outpatient Prescription or Legend Drugs, or any over the counter medications or vitamins
- Experimental or investigational services
- Transplant services to the transplant donor
- Foot conditions, acne or varicose veins or treatment of obesity
- Services or supplies furnished or provided by an immediate family member
- Skydiving, scuba diving, hang or ultra light gliding, all-terrain vehicle, dirt bike, snowmobile, go-cart, boat or aircraft
- Racing with a motorcycle
- Any sports for pay or profit, or participation in rodeo contests
- Any Interscholastic or Intercollegiate Organized Competitive Sports
- Certain surgeries during the first 6 months
- Medical care received outside of the United States or its possessions in excess of the Foreign Travel Benefit

The 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.

Who is Starr Indemnity & Liability Company?

Starr Indemnity & Liability Company is an admitted insurer rated "A" (Excellent) by A.M. Best Company. Starr Indemnity & Liability Company has sole financial responsibility for it products.

Are there other non-insurance value added benefits and savings available?

Med Sense Guarantee Association:*

Med Sense Guaranteed Association is a Not-For-Profit Illinois corporation. Through your membership in MSGA, you will enjoy discounts on a variety of Health and Travel services. Following is an overview of your membership benefits:

- Emergency Medical Information Card - Wallet size card provides personal medical information in case of an emergency.*
- GlobalFit Fitness Program - To help improve member health and well-being you and your family can take advantage of discounts at 1,500 top fitness clubs nationwide.*
- Vitamin Discount - Nutritional R&D provides a complete line of quality vitamins, nutritional supplements, herbal remedies and health food products at discount prices.*
- GymAmerica.com - You and your family receive special pricing on the all-in-one interactive toolkit for a personalized diet and exercise program designed specifically for you.*
- Car Rental Discounts - Take advantage of affordable auto rental rates from Alamo, Avis, Hertz and National.*
- Gulliver's Travel Service - This service features competitive pricing and great service for airfare, tours and cruises*.
- Hearing Service - Mail order service providing 10% to 60% discount on quality hearing aids.*
- Travel Club - Provides discounts on cruises and tour packages.*
- HopTheShops.com - Cybermall featuring over 100 high quality e-tailers and stores with special discounts and features.*

**These are not insurance benefits. These are association discounts and lifestyle benefits and are not affiliated with Starr Indemnity & Liability Company or the Med Plus Short Term Medical Plan.*

Rx 4 Tier Drug Card (Automatically included): *

With Advanced Benefits Four Tier Prescription Discount Drug Card, you pay up to $10, $20 or $50 for Formulary or Generic drugs and receive a generous discount on your Brand Name drugs. This card is accepted at over 43,000 pharmacies throughout the United States. The network includes pharmacy chains as well as thousands of independent pharmacies throughout the country. (This is automatically included at no extra cost with Med Plus STM Plan.)

Extra Care Package (Optional purchase): *

- **Care**ington Dental Network - Members save on average $1,200 per family on dental work through access to over 62,000 providers nationwide. Savings range from 20% to 50% on most dental procedures.*
- **CallMD** - Members have access to a physician 24 hours a day, by calling their toll free number. Real physician consultation right over the phone, and in most states you can obtain a non-narcotic or controlled prescription. You receive 12 consultations per year at no cost; after that you pay $35 per consultation.*
- **Better Living Now** - Your much needed Medical Supplies delivered right to your doorstep.*
- **CareNet** - 24 Hour Nurse Line triage service available 24 hours a day, informative medical advice that can save lives.
- **Direct Labs** - members have access to the major clinical labs across the country for blood tests. Save from 20% to 75% off retail pricing on blood tests.*

The Extra Care Package is optional and cost $19.50 per individual or $29 per family per month.

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For more information and to get a quote go to: www.hiiquote.com