



ASSURANT  
Health®

Assurant. On your terms.®

## Short Term Medical

### Temporary Health Insurance 30-180 Days

Always stay protected. Choose Short Term Medical from Assurant Health for gaps in health insurance.

Unexpected illnesses and accidents happen every day, and the resulting medical bills can be disastrous.

Until you enroll in permanent coverage, safeguard your financial future with **Short Term Medical (STM)** temporary insurance. For up to 180 days, it provides the peace of mind and health care access you need at a price you can afford.

**Ins-Special, Inc**  
**7505 State Hwy 37 / PO Box 218**  
**Purdy, MO 65734**  
**[service@insspecial.com](mailto:service@insspecial.com)**  
**800-789-0182**

# Protection you need when you're in transition

## Between jobs

- Security while you're job hunting
- Often lower than the cost of COBRA\*



## Waiting for employer benefits

- Fills the waiting-period gap
- Set your own start and end dates



## Temporary, contract, seasonal employees

- Flexible temporary coverage options
- More plan design choices give you pricing flexibility



## Newly independent

- When student plans or parent's coverage are no longer options
- Deductible and coinsurance options keep plans affordable



\*Short Term Medical insurance is often a lower-cost alternative to COBRA. However, if you purchase Short Term Medical rather than maintaining COBRA coverage, you may give up your rights to coverage for pre-existing conditions or guaranteed health insurance in the future.

## More solutions to suit your needs

### ♦ Ideal companions — STM and HSA

Many Assurant Health Short Term Medical plans with deductibles of \$2,500 and up are compatible with Health Savings Accounts, so you don't have to wait for an individual medical or group plan to build health expense savings the smart way. HSAs are completely portable — an HSA goes with you when you move to any qualified health plan.

### ♦ Protection longer than six months

When your needs are longer than 180 days, Assurant Health has you covered. We have a portfolio of individual health plans with broad coverage options. Plans are designed with features that can help you save on your overall health care costs and on your premium. That makes it easier to find a plan with benefits that mean the most to you at a price you can afford.

*Ask your Assurant Health sales representative for more information.*

plan features (may vary by state)

# Short Term Medical

— For what you value

Doctor Visits
Hospital Benefits
Emergency Room Care
Ambulance
Outpatient Services
Prescription Drug Benefits
X-ray and Laboratory
Transplant Benefits
Deductible <small>(The amount you must pay before Assurant Health pays benefits.)</small>
Coinsurance <small>Assurant Health's portion of the cost of a covered charge after you meet your deductible.</small>
Lifetime Maximum <small>Maximum amount your plan will pay toward medical bills per covered person.</small>

## Know what's not covered

Knowing exactly what your health plan does and doesn't cover is important. To give you the best possible experience, we offer this summary of what is not covered. Complete details are included in your insurance contract.

- Treatment of a pre-existing condition, including those not inquired about on the enrollment form
- Routine care, examinations or immunizations
- Illness or injury that is self-inflicted or caused while engaged in a felony, under the influence of an illegal substance, driving under the influence, in military service, in a hazardous occupation or activity for which compensation is received, or while engaged in intercollegiate sports

Your Assurant Health STM plan offers **features and benefits** you'll truly value.

Covered expenses are subject to your selected deductible and coinsurance unless otherwise noted.

- Covered for unexpected illness and injury
- You may choose your own doctors
- Discounts for using doctors in the PHCS network — on average 20-35% savings<sup>1</sup>
- Inpatient and outpatient services are covered
- Discounts for using facilities in the PHCS network — on average 20-35% savings<sup>1</sup>

Covered

Service to nearest hospital able to treat condition

Covered

Covered

- Covered
- Discounts for using Lab Card Select for lab testing — 20-60% savings

\$100,000 including up to \$10,000 in donor expenses

- \$1,000, \$2,500, \$3,500 or \$5,000<sup>2</sup>
- **One family deductible:** Only one deductible needs to be satisfied for all covered family members

50%/50%, 80%/20% or 100%/0%

After you pay your deductible and reach the coinsurance out-of-pocket maximum, Assurant Health pays 100% of additional covered charges, up to the plan lifetime maximum.

\$2 million

<sup>1</sup> Not applicable in Rhode Island.

<sup>2</sup> Deductible options may vary by state.

- Vision or dental treatments, foot care or orthotics
- Expenses incurred outside the United States, its possessions and Canada
- Maternity, genetics or fertility treatment or testing
- Custodial care or private nursing
- Cosmetic, experimental, investigational or not medically necessary treatment
- Treatment of mental illness or substance abuse

**Note:** Plan limits may vary by state. Please review the back of the Rate Sheet for state-specific information.

# Choose with **confidence**

You can be **confident** when you choose health insurance protection from Assurant Health, a financially strong health insurance leader with a century-long history. We were the first to offer temporary insurance in 1973, and we've remained a national leader in Short Term Medical insurance ever since.

## The Assurant Health **difference**

With Assurant Health plans, you have access to exceptional features that most other health plans don't offer:

- Coverage as soon as the next day
- Choose your own doctors and hospitals -- and save 20-35% when you use providers in the PHCS network
- Prescription drugs are covered
- Families need to satisfy only one deductible
- Many plans are compatible with Health Savings Accounts



## Your insurance card

Your insurance card and coverage details will be included in your welcome packet. With our flexible options, you can choose to receive your insurance policy and ID card in the mail or by secure e-mail.

## When your coverage begins and ends

You can choose the dates your coverage begins and ends. Your coverage begins at 12:01 a.m. on your approved effective date and ends at 11:59 p.m. on the last day of your benefit period. Please see your insurance contract for complete details and limitations.

## Your Short Term Medical plan **extends your protection**

If you become injured or ill while your plan is in force, and treatment extends beyond your coverage period, your benefits may be extended. See the back of the Rate Sheet for details about this valuable benefit.

# 1,2,3 enrollment

## Determine eligibility

- 1 Decide whom to cover and determine eligibility:
  - In general, persons between the ages of 30 days and 64 years, 11 months, are eligible. Dependents may be eligible up to age 18, or age 24 if full-time students. Age requirements can vary by state. See the back of the Rate Sheet for your state eligibility information.
  - U.S. and foreign residents are both eligible.
  - Answer the health questions on the enrollment form. You will not be eligible for coverage if you answer "yes" to any health question. Plans do not cover pre-existing conditions.\* See the pre-existing condition definition on the back of the Rate Sheet.

\*If you have a pre-existing condition, our Individual Medical plans or COBRA may be a better coverage option. Talk to your agent.

## Design your plan

- 2 Choose your plan details and payment options:
    - **Deductible** – the amount you pay before the plan pays. Choosing a higher deductible lowers your premium but means you pay more out of pocket for medical expenses.
    - **Coinsurance** – the percent of medical expenses we pay and you pay after you pay your deductible. For example, for plans with 80/20 coinsurance, you pay your deductible + 20% of the next \$10,000 in covered charges. After that we pay 100% of covered charges up to the \$2 million lifetime maximum.
    - **Length of coverage** – one month (30 days) up to six months (180 days).
    - **Payment options**
      - Monthly payments give you flexibility – pay as you go!
      - Single payment is cost saving – pay one time and save 20%!
- Payment is required at the time of enrollment.

## Enroll

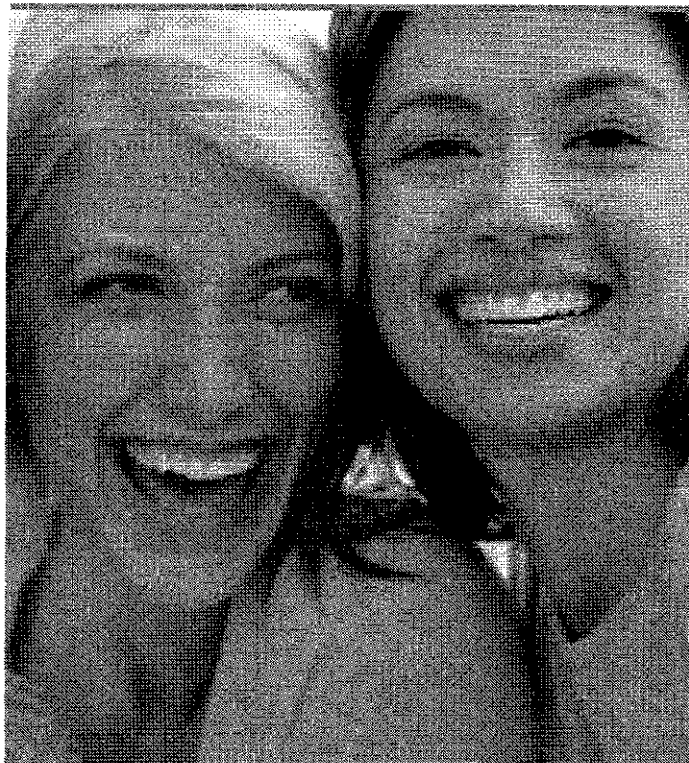
- 3 Calculate your premium using the Rate Sheet and complete the enrollment form (forms enclosed).

**Note:** Before you enroll, please see the back of the Rate Sheet for important state-specific information.

### Premium refunds

If you're not completely satisfied with your Short Term Medical plan, simply call and cancel your coverage within 10 days of delivery and receive a full premium refund, no questions asked. The one-time application fee is not refundable.

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# Missouri

Chart 1 - Primary Insured/Spouse Daily Rate			
AGE	Deductible		
	\$1,000	\$2,500	\$3,500
0-14	1.25	0.95	0.80
15-19	1.55	1.25	1.10
20-24	1.50	1.10	0.95
25-29	1.38	0.97	0.95
30-34	1.41	1.10	1.05
35-39	1.78	1.26	1.15
40-44	2.11	1.52	1.31
45-49	2.51	1.75	1.50
50-54	3.36	2.51	2.16
55-59	4.42	3.26	2.81
60-64	7.08	5.07	4.37

Chart 2 - Dependent Child Daily Rate			
AGE	Deductible		
	\$1,000	\$2,500	\$3,500
Per Child	0.96	0.60	0.60

Chart 3 - Deductible and Coinsurance Factor Table			
	Deductible		
	\$1,000	\$2,500	\$3,500
50%	.80	.80	.80
80%	1.00	1.00	1.00
100%	N/A	1.25	1.25

Premium Calculation Instructions		
Refer to charts on the left when figuring the premium		
Step 1. Choose a payment option - single or monthly	Single Payment	Monthly Payment
Step 2. List each applicant's daily rate. Rate chart is set up by age and deductible. a) Primary insured rate	_____	_____
b) Spouse rate (see Chart 1)	_____	_____
SUBTOTAL =	_____	_____
Step 3. List the per child rate (Chart 2). Enter the number of dependent child(ren). Multiply the rate by the number of children.	x _____	x _____
SUBTOTAL =	_____	_____
Step 4. Add the subtotal from Step 2 & 3.	= _____	= _____
Step 5. Monthly factor. Multiply by the subtotal in Step 4.	x 1.00	x 1.28
SUBTOTAL =	_____	_____
Step 6. Zip Code Factor. Multiply by subtotal in Step 5.	x 2.41	x 2.41
SUBTOTAL =	_____	_____
Step 7. Enter the number of days of coverage. Multiply the number of days by the subtotal in Step 6.	x _____ <small>Minimum 30 Maximum 180</small>	x 30
SUBTOTAL =	_____	_____
Step 8. Coinsurance. Enter the Coinsurance Factor (Chart 3). Multiply by the subtotal in step 7.	x _____	x _____
SUBTOTAL =	_____	_____
Step 9. Application Fee** (Non refundable) Add fee to subtotal in Step 8.	+ \$25.00	+ \$25.00
TOTAL =	_____	_____
*Choose one deductible amount per policy ** Application fee is added to first month's premium only	Enter this amount on the enrollment form in the box marked TOTAL	

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## Applying for another STM plan

When your plan expires, you may be eligible for another plan depending on how long you have been covered by Short Term Medical plans. Short Term Medical is temporary coverage, so plans cannot be renewed like permanent insurance. However, when your plan expires, you may apply for another plan if you have not had a total of more than **730 days of short-term coverage** without a **64-day coverage gap**. If you are issued a new Short Term Medical plan, the new plan will not provide benefits for any conditions or symptoms that existed during the previous plan.

Keep in mind that short-term plans are not meant to be a substitute for permanent health insurance coverage. An Assurant Health Individual Medical plan may be a better option.

### Eligibility

To be considered for coverage, each person must be between the age of 30 days and 64 years, 11 months. To be considered dependents your child(ren) must be age 18 or younger, or 24 or younger if full-time student.

### Extended protection

If you become injured or ill while your plan is in force

- your benefits may be extended at no additional cost for up to 12 months if you are hospitalized.
- you can receive up to \$1,000 in benefits at no additional cost for up to 60 days if you have a nondisabling condition.

### Pre-existing conditions

Short Term Medical plans provide coverage for unexpected illnesses and injuries, meaning they do not cover pre-existing conditions. A pre-existing condition is a medical condition due to sickness or injury

- for which you received medical treatment or advice during the 5-year period immediately prior to your Short Term Medical effective date, regardless of whether the condition was diagnosed or not; or
- that produced signs or symptoms within the 5-year period immediately prior to your Short Term Medical effective date. The signs or symptoms would have compelled a reasonable person to seek diagnosis or treatment.

If you have a pre-existing condition, treatment for that condition will be excluded from your Short Term Medical plan.

A pregnancy that exists on the day before your Effective Date will be considered a Pre-Existing Condition.

### Premium refunds

If you aren't completely satisfied with your Short Term Medical plan, simply call and cancel coverage within 10 days of delivery and receive a premium refund, no questions asked. The one-time application fee is not refundable. Keep in mind that premium is not refundable *after* the 10-day period for any unused premium. For example, if you select coverage for 60 days and end up requiring only 45 days of coverage, there is no premium refund on the remainder.

### Short Term Medical and Health Care Reform

Short-term, limited duration plans are not subject to certain provisions of Federal health care reform, including the provisions related to lifetime limits, dependent coverage, preventive care, and pre-existing conditions. The pre-existing condition exclusion for Short Term Medical plans will apply for all insureds, including those under the age of 19.

## Tips and Additional Information

### Submitting Your Enrollment Form and Payment

Please check that you have:

- answered all questions on the enrollment form
- included necessary signatures
- enclosed your payment

### When Your Coverage Begins

Your coverage will begin at 12:01 a.m. on your approved effective date as long as your enrollment form is complete, meets the requirements for acceptance, and includes the initial premium. Your requested effective date must fall within 45 days of the date you signed the enrollment form.

Upon enrollment, you will receive a welcome kit containing your insurance card and coverage details.

For more information, or for help applying for coverage, contact your insurance agent.

OR if you would like to submit your enrollment form directly to Assurant Health you can mail it to:

Assurant Health  
P.O. BOX 3175  
Milwaukee WI 53201-3175  
800.800.5453

OR Fax your enrollment form to: **414.299.1137**

### About Assurant Health

Assurant Health has been in business since 1892 and is the brand name for products underwritten and issued by Time Insurance Company, John Alden Life Insurance Company and Union Security Insurance Company. The Assurant Health Web site is AssurantHealth.com.