

SHORT TERM MEDICAL

Temporary Health Insurance



PETERSEN
INTERNATIONAL UNDERWRITERS

SHORT TERM MEDICAL PLAN



DESCRIPTION OF AVAILABLE BENEFITS

The insurance described herein is a temporary medical insurance plan with a maximum term length of 11 Months. This plan covers eligible expenses caused by an illness or injury and incurred from any doctor or any hospital within the USA.

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 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, \$2,500 or \$5,000 deductible.

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: Ground ambulance service from Your temporary residence to and from a Hospital.

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 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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PPO NETWORK

In Network Coverage:

The First Health Network has providers in all 50 states. The network has more than 5,000 hospitals, over 90,000 ancillary facilities, and over 1 million health care professional service locations in the network. To locate a provider please use the following information:



Provider Search – 800-226-5116

or

Provider Look-Up Website – www.doctorsearchnow.com

You may receive diagnosis and treatment of your Sickness or Injury from a Provider within the PPO Network, at your option. To find a Provider within the PPO Network please review the information on Your identification card. By utilizing the PPO network You may receive discounts and savings for any incurred Eligible Expenses. Utilizing the PPO network is not required and it does not guarantee that benefits will be payable or that the Provider will bill Us directly. You have the option to see any Provider whether they are in network or out of network.

Out of Network Coverage:

We allow the insured to see any provider even if they are outside of the PPO Network. PPO Network discounts do not apply for treatment received out of network and expenses will be reimbursed up to UCR.

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MONTHLY PREMIUMS

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 Hazardous Sports or Activities Rider - Please Add 25% to the Above Rates

CARRIER & PLAN ADMINISTRATOR

As Coverholder at Lloyd's of London, Petersen International Underwriters has the authority to quote, underwrite, and issue policies on behalf of certain underwriters at Lloyd's. The Lloyd's market has been in existence for over 325 years. No other insurance company can match the longevity, the flexibility, and the financial stability of Lloyd's of London. Realizing the value of the market, Petersen International Underwriters partnered with Lloyd's and became an approved Coverholder in 1983. Since then, we have developed a series of specialty Medical, Disability, and Life insurance products boasting the financial backing of Lloyd's of London.

LLOYD'S

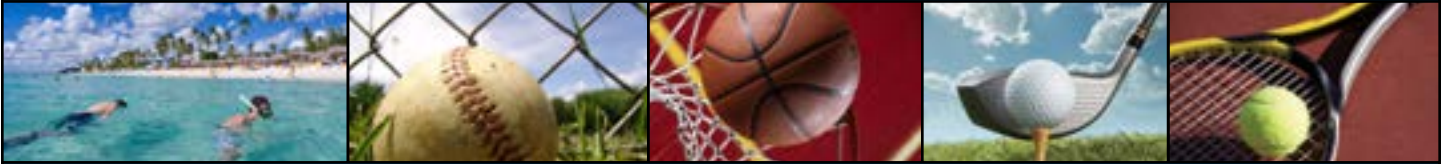
Financial Ratings

A.M. Best: A (Excellent)

Standard & Poor's: A+ (Strong)

Fitch Ratngs: AA- (Very Strong)

SHORT TERM MEDICAL PLAN



SPORTS & ACTIVITIES INCLUDED

Included Sports or Activities - Sports or Activities included in Your coverage. Participation in the following sports or activities are covered at no additional premium and without the need for prior declaration, when participating on a recreational and non professional basis during the term of insurance. Any involvement in these sports and/or activities is subject to your compliance with local laws and regulations and the use of recommended safety equipment (including but not limited to helmet, harness, knee and/or elbow pads).

- Aerobics
- Archery
- Baseball
- Basketball
- Badminton
- Banana boating
- Body boarding (boogie boarding) up to 10 foot waves
- Canoeing/kayaking/rafting (grade 1 only)
- Cross country running
- Curling
- Cycling (street)
- Deep sea fishing
- Elephant riding
- Fencing
- Fishing
- Go karting
- Golf
- Hot air ballooning (organized pleasure rides only)
- Indoor climbing (on climbing wall)
- Jet boating
- Paint balling/war games (wearing eye protection)
- Parasailing (over water)
- Rowing
- Running (non-competitive and not marathon)
- Sailing/yachting (if qualified or accompanied by a qualified person and no racing)
- Snorkeling
- Soccer
- Spear fishing up to 30 feet (without tanks)
- Swimming
- Swimming with dolphins
- Table tennis
- Tennis
- Trampolining
- Trap shooting
- Trekking/hiking (without the need for climbing equipment) up to 10,000 feet above sea level
- Tug of war
- Volleyball
- Zorbing/hydro zorbing/sphering

Included Sports or Activities does not include:

1. any sport and/or activity not listed above, or
2. any activity you do as a high school athlete, college athlete, semi-professional athlete, professional athlete, or in a race, or
3. any activity carried out against local warnings or advice, or
4. any activity if it is not carried out in a safe way, or
5. any activity if you act irresponsibly or put yourself in needless danger.

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HAZARDOUS SPORTS & ACTIVITIES OPTIONAL RIDER

Optional Hazardous Sports or Activities Rider - Hazardous Sports or Activities are the following list of activities which are considered to be more than a standard risk. This optional rider will provide up to \$250,000 for eligible expenses incurred by participation in the following:

- Bungee Jumping
- Driving/Riding a motor scooter
- Hang Gliding
- Horseback Riding (no jumping)
- Hiking/Trekking (without the need for climbing equipment) up to 20,000 feet above sea level
- Jet Skiing
- Mountaineering up to 10,000 feet
- Paragliding
- Roller skating/ inline skating
- Scuba diving (up to depth of 60 feet if PADI or equivalent qualified or accompanied by qualified instructor and not diving alone)
- Skydiving with an instructor
- Snow Skiing/ Snowboarding (excluding back country and helicopter skiing/boarding)
- Snowmobiling (trail riding only)
- Surfing up to 10 foot waves
- Tree canopy tours / Zip lining / repelling
- Wake Boarding
- Waterskiing
- White Water Rafting / canoeing / kayaking (grades 2-4 only).
- Windsurfing

Optional Hazardous Sports or Activities Does Not Include:

1. any sport and/or activity not listed in the Optional Hazardous Sports and Activities Rider description, or
2. any activity you do as a high school athlete, college athlete, semi-professional athlete, professional athlete, or in a race, or
3. any activity carried out against local warnings or advice, or
4. any activity if it is not carried out in a safe way, or
5. any activity if you act irresponsibly or put yourself in needless danger.





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Producer Number: 50946

SHORT TERM MEDICAL APPLICATION - INDIVIDUAL APPLICATION

This is a temporary medical insurance plan intended to cover eligible expenses from injuries or illnesses which occur within the USA.

Primary Applicant Name (Policy Owner)	Date of Birth	Gender	Hazardous Sports
	/ /	<input type="radio"/> M <input type="radio"/> F	<input type="radio"/> Yes <input type="radio"/> No

Number & Street _____

City _____ State _____ Zip Code _____

Email _____ Telephone (____) _____ - _____

Requested Effective Date*: _____ Months of Coverage Requested: _____

Deductible: \$ _____

*Coverage dates & premiums will be calculated and issued in full month increments. Coverage cannot 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 cover 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. The understand I am financially responsible for the expenses incurred until the claim has been determined to be an eligible expense.

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)



SHORT TERM MEDICAL - FAMILY APPLICATION

This is a temporary medical insurance plan intended to cover eligible expenses from injuries or illnesses which occur within the USA.

Primary Applicant Name (Policy Owner)	Date of Birth	Gender	Hazardous Sports
	/ /	<input type="radio"/> M <input type="radio"/> F	<input type="radio"/> Yes <input type="radio"/> No

Additional Applicants

	/ /	<input type="radio"/> M <input type="radio"/> F	<input type="radio"/> Yes <input type="radio"/> No
	/ /	<input type="radio"/> M <input type="radio"/> F	<input type="radio"/> Yes <input type="radio"/> No
	/ /	<input type="radio"/> M <input type="radio"/> F	<input type="radio"/> Yes <input type="radio"/> No
	/ /	<input type="radio"/> M <input type="radio"/> F	<input type="radio"/> Yes <input type="radio"/> No
	/ /	<input type="radio"/> M <input type="radio"/> F	<input type="radio"/> Yes <input type="radio"/> 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*: _____ Months of Coverage Requested: _____

Deductible: \$ _____

*Coverage dates & premiums will be calculated and issued in full month increments. Coverage cannot 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

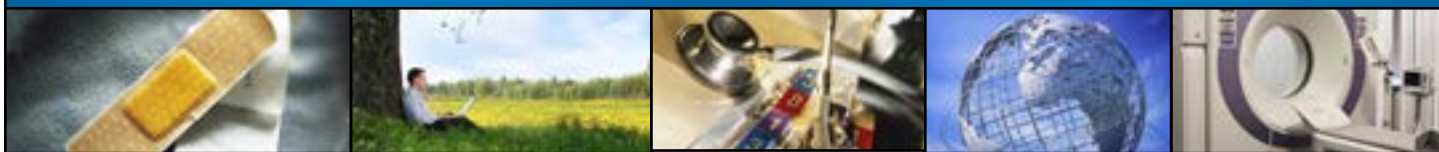
I declare that the above statements are true and complete. I/we am/are in good health and ordinarily enjoy good health. I agree that this proposal shall form the basis of the contract should the insurance be effected and any misstatements above may be grounds for rescission. I understand that this is a temporary insurance policy designed to cover the insured person(s) 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. The understand I am financially responsible for the expenses incurred until the claim has been determined to be an eligible expense.

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 under age 18) Please Print

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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.
3. PPO network discounts are only applicable to Eligible Expenses as defined in this wording. If benefits are not payable, You will be billed by the Provider at the full non-discounted rate.

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. Out of Network 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 or Sicknesses sustained from participation in Hazardous Sports and 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 USA.
24. Pre-existing conditions.

* 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.

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