



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
- Next-day coverage available



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.*

This brochure provides a brief description of the important features of this plan. State mandated benefits, if applicable, are incorporated in your policy.

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. It provides the peace of mind and health care access you need at a price you can afford.

You can depend on Short Term Medical. Assurant Health has been in the insurance business since 1892 and we were the first to offer temporary insurance in 1973. We've remained a national leader in STM insurance ever since.

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.
- Keep your own doctors.
- Access doctors 24/7/365 – from your phone! TelaDoc™ Medical Services available for STM insureds.

**Enrollment Form enclosed
Don't wait – apply today!**

Short Term Medical – For What You Value

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

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

Doctor Visits	<ul style="list-style-type: none"> Covered for unexpected illness and injury You may keep your own doctors Discounts for using network doctors – on average 20-35% savings Access to doctors 24/7/365 by phone
TelaDoc™ Medical Services	
Hospital Benefits	<ul style="list-style-type: none"> Inpatient and outpatient services are covered Discounts for using network facilities – on average 20-35% savings
Emergency Room Care	Covered
Ambulance	Service to nearest hospital able to treat condition
Outpatient Services	Covered
Prescription Drug Benefits	Covered
X-ray and Laboratory	Covered
Transplant Benefits	\$100,000 including up to \$10,000 in donor expenses
Deductible (The amount you must pay before Assurant Health pays benefits.)	<ul style="list-style-type: none"> \$250, \$500, \$1,000, \$2,500 or \$3,500 Only one family deductible: For plans with deductibles of \$500 or more, only one deductible needs to be satisfied for all covered family members
Coinsurance (Assurant Health's portion/your portion of covered charges after you meet your deductible.)	50%/50%, 80%/20% or 100%/0% After you reach the coinsurance out-of-pocket maximum, Assurant Health pays 100% of additional covered charges, up to the plan lifetime maximum.
Lifetime Maximum (Maximum amount your plan will pay toward medical bills per covered person.)	\$2 million

Know What's Not Covered:

- 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, intercollegiate sports
- Vision or dental treatments, foot care, or orthotics
- 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
- Expenses incurred outside the United States, its possessions, and Canada

Additional Information

- 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. If you have a non-disabling condition, you can receive up to \$1,000 in benefits at no additional cost for up to 60 days.
- 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. Plans cannot be renewed like permanent insurance. 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.
- When you purchase Short Term Medical insurance, you are enrolled in Health Advocates Alliance, an association dedicated to the health and well-being of its members. Benefits include a 24-hour nurse helpline, and discounts on vitamins and LensCrafters® purchases.

You'll get more details soon.

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.

1,2,3,4 enrollment

Coverage and eligibility

- 1 Decide whom to cover:
you, your spouse, and/or your dependent children
- 2 Determine eligibility:
 - 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 students.
 - 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. *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 either must have allowed one knowledgeable in medicine to diagnose the disorder or 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.

Design your plan

- 3 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 and coverage up to six months, 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** – STM is flexible enough to cover you from 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

- 4 Now it’s time to calculate your premium and complete the enrollment form.

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.

Chart 1 - Primary Insured/Spouse Daily Rate					
AGE	Deductible				
	\$250	\$500	\$1,000	\$2,500	\$3,500
0-14	2.21	1.45	1.25	0.95	0.80
15-19	2.81	1.90	1.55	1.25	1.10
20-24	2.51	1.70	1.50	1.10	0.95
25-29	2.66	1.69	1.38	0.97	0.95
30-34	2.86	1.90	1.35	1.05	1.00
35-39	3.31	2.26	1.70	1.20	1.10
40-44	3.81	2.51	2.01	1.45	1.25
45-49	4.42	2.96	2.51	1.75	1.50
50-54	6.03	4.02	3.36	2.51	2.16
55-59	7.83	5.47	4.42	3.26	2.81
60-64	12.81	8.59	7.08	5.07	4.37

Chart 2 - Dependent Child Daily Rate					
AGE	Deductible				
	\$250	\$500	\$1,000	\$2,500	\$3,500
Per Child	1.40	0.90	0.80	0.50	0.50

Chart 3 - Zip Code Factor	
Zip Code	
482-483	1.40
All other MI	1.09

Chart 4 - Deductible and Coinsurance Factor Table					
	Deductible				
	\$250	\$500	\$1,000	\$2,500	\$3,500
50%	.80	.88	.80	.80	N/A
80%	1.21	1.18	1.00	1.00	N/A
100%	N/A	N/A	1.58	1.22	1.22

Premium Calculation Instructions		
<i>Refer to charts on the left when figuring the premium</i>		
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. Enter Zip Code Factor (Chart 3). Multiply by subtotal in Step 5.	x _____	x _____
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 4) 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	

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.

