

# Secure STM

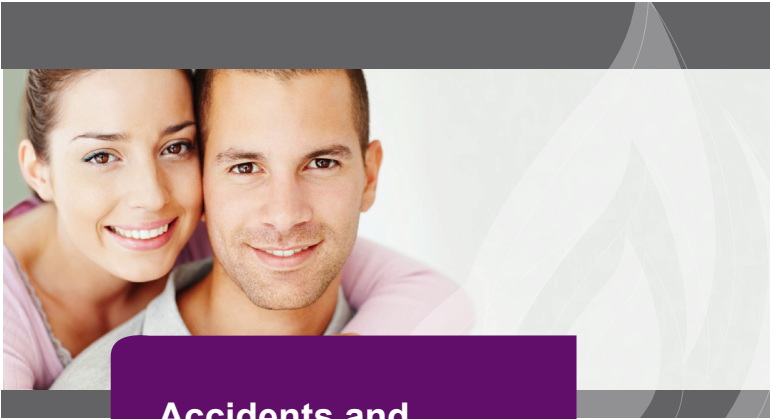
Short-term medical insurance  
for individuals and families



**Underwritten by Standard Security Life Insurance Company of New York**, a member of The IHC Group. The IHC Group is an insurance organization composed of Independence Holding Company (NYSE:IHC) and its operating subsidiaries and has been providing life, health and stop-loss insurance solutions for nearly 30 years. For more information about The IHC Group, visit [www.ihcgroup.com](http://www.ihcgroup.com).

Refer to a separate brochure for residents of Colorado.





**Accidents and illnesses are impartial to your insurance status.**

They can happen at any time—to anyone—and may cause serious financial hardship.

When life leaves you temporarily uninsured, the Secure STM insurance plan helps protect you in the meantime. Secure STM is short-term medical (STM) insurance available for 30 to 364 days and provides coverage for unexpected medical expenses.

**Life changes**

While the need for short-term coverage may be anticipated after graduation, there are employment or life changes that also present the need for temporary medical insurance.

▸ **Newly hired**

Often, an employer-sponsored plan includes a waiting period before health insurance benefits begin, which means you will need coverage to bridge the gap.

▸ **Between jobs**

If you've recently been laid off or let go from your job, you may need coverage until you secure another position with benefits.

▸ **Return from active military duty**

Once you arrive home from active duty, STM provides coverage while you transition and look for employment with benefits.

**Filling the gap**

Coverage can begin as early as the day following your online application, if approved, and last up to 364 days.

***The maximum coverage period varies by state.***

**Secure STM plan selections**

All benefits listed apply per covered person, per coverage period. Refer to the descriptions below the chart for additional benefit details.

<p><b>Office visit copay</b> The number of copays available is determined by the selected plan duration.</p> <ul style="list-style-type: none"> <li>▸ 1 copay for 30–90 days of coverage</li> <li>▸ 2 copays for 91–180 days (6 months) of coverage</li> <li>▸ 3 copays for 181–364 days of coverage</li> </ul>	<p>\$50 copay per visit</p>
<p><b>Deductible</b> The selected deductible must be paid by the insured person before coinsurance benefits begin.</p>	<ul style="list-style-type: none"> <li>▸ \$1,000</li> <li>▸ \$2,500</li> <li>▸ \$5,000</li> </ul>
<p><b>Coinsurance percentage and out-of-pocket</b> After the deductible has been met, the Secure STM plan pays the selected percentage of covered charges. The insured person is responsible for the remaining percentage of covered charges until the selected out-of-pocket amount has been reached.</p> <p>The out-of-pocket amount is specific to charges applied to coinsurance; it does not include the deductible.</p>	<ul style="list-style-type: none"> <li>▸ 80% coinsurance Out-of-pocket: <ul style="list-style-type: none"> <li>▸ \$2,000</li> <li>▸ \$3,000</li> <li>▸ \$4,000</li> </ul> </li> <li>▸ 70% coinsurance Out-of-pocket: <ul style="list-style-type: none"> <li>▸ \$3,000</li> <li>▸ \$4,500</li> <li>▸ \$6,000</li> </ul> </li> <li>▸ 50% coinsurance Out-of-pocket: <ul style="list-style-type: none"> <li>▸ \$5,000</li> <li>▸ \$7,500</li> <li>▸ \$10,000</li> </ul> </li> </ul>
<p><b>Maximum benefit</b></p>	<p>\$2 million</p>

**Office visit copay**

The \$50 copay applies to the physician's consultation charge. After the copay, the plan pays 100 percent of the consultation charge balance. Other covered services performed during the office visit are subject to deductible and coinsurance. Office visits above the allotted number based on coverage duration are subject to deductible and coinsurance.

**Deductible**

When three covered persons in a family each satisfy their deductible, the deductibles for any remaining covered family members are deemed satisfied for the remainder of the coverage period.

**Coinsurance percentage and out-of-pocket**

Once the deductible and coinsurance out-of-pocket amounts have been paid, additional covered charges within the coverage period are paid at 100 percent, up to the maximum benefit. The coinsurance out-of-pocket does not include any precertification penalty amounts or expenses not covered by the plan. Benefit-specific maximums may apply.

## Payments to suit your situation

Secure STM offers two options for premium payment: monthly or single. Payments may be made using check, money order, credit card or automatic bank withdrawal. If your need for coverage ends earlier than expected, simply send written notification. Monthly payment is available for up to 364 days.

If you know exactly how many days you need coverage, you can pay the entire premium up front at a reduced rate. Single payments can be made for a minimum of 30 days to a maximum of 180 days.

## PPO networks

With a Secure STM plan, you have access to discounted medical services through two national preferred provider organizations (PPOs). These network providers have agreed to negotiated prices for their services and supplies. While you have the flexibility to choose any health care provider, the discounts available through network providers for covered services will help to lower your out-of-pocket costs.

### MultiPlan—[www.multiplan.com](http://www.multiplan.com)

One of the nation's largest networks, MultiPlan has more than 650,000 providers in 50 states, including physicians, and inpatient and outpatient facilities.

### ACS—[www.anci-care.com](http://www.anci-care.com)

A comprehensive network of 38,000 ancillary service providers, ACS represents providers of outpatient services, including lab and diagnostic testing, but it does not include physicians.

To search for a network health care provider or facility, please visit the websites listed above. At the time of service, simply present your identification card, which will include the network information needed for the provider to correctly process covered charges.

*MultiPlan and ACS are not affiliated with Standard Security Life Insurance Company of New York, nor are they part of this insurance plan.*

## Covered expenses<sup>1</sup>

All benefits are subject to the selected plan deductible and coinsurance. Covered expenses are limited by the Usual, Reasonable and Customary Charge as well as any benefit-specific maximum. If a benefit-specific maximum does not apply to the covered charge, benefits are limited by the coverage period maximum.

Covered expenses include treatment, services and supplies for:

- ▶ Physician services for treatment and diagnosis
- ▶ Emergency room, outpatient hospital or ambulatory surgical center charges
- ▶ Surgeon services in the hospital or ambulatory surgical center

- ▶ Services when a doctor administers anesthetics up to 20 percent of the primary surgeon's covered charges
- ▶ Assistant surgeon and surgeon's assistant services up to 20 percent of the primary surgeon's covered charges
- ▶ Ground ambulance services up to \$500 per occurrence
- ▶ Air ambulance services up to \$1,000 per occurrence
- ▶ Organ, tissue, or bone marrow transplants up to a \$150,000 coverage period maximum
- ▶ Acquired Immune Deficiency Syndrome (AIDS) up to a \$10,000 coverage period maximum<sup>2</sup>
- ▶ Blood or blood plasma and their administration, if not replaced
- ▶ Mammography, Pap smear and prostate antigen test (covered at specific age intervals; not subject to deductible)
- ▶ X-ray exams, laboratory tests and analysis
- ▶ Oxygen, casts, non-dental splints, crutches, non-orthodontic braces, radiation and chemotherapy services and equipment rental

## Inpatient covered expenses

- ▶ Room and board, doctor visits and general nursing care up to the most common average semi-private room rate
- ▶ Intensive care or specialized care unit up to three times the average semi-private room rate
- ▶ Prescription drugs administered while hospital confined

## Pre-existing condition limitation

Secure STM will not provide benefits for any loss caused by or resulting from a pre-existing condition. A pre-existing condition is any medical condition or sickness for which medical advice, care, diagnosis, treatment, consultation or medication was recommended or received from a doctor within five years immediately preceding the covered person's effective date of coverage; or symptoms within the five years immediately prior to the coverage that would cause a reasonable person to seek diagnosis, care or treatment.

## Usual, Reasonable and Customary Charge

The Usual, Reasonable and Customary Charge for medical services or supplies is the lesser of: a) the amount usually charged by the provider for the service or supply given; or b) the average charged for the service or supply in the locality in which it is received.

<sup>2</sup> The AIDS maximum of \$10,000 per coverage period does not apply to policies/certificates issued to residents of AZ, CA, DC, ID, MD, ME, MO, NH, NC or ND. The maximum benefit in KS is \$75,000 per coverage period.

<sup>1</sup>Benefits may vary by state

With respect to treatment of medical services, usual, reasonable and customary means treatment that is reasonable in relationship to the service or supply given and the severity of the condition. In reaching a determination as to what amount should be considered as usual, reasonable and customary, we may use and subscribe to a standard industry reference source that collects data and makes it available to its member companies.

## Eligibility

Secure STM is available to all members of Communicating for America, Inc. (CA) who are between the ages of 18 to 64, their spouse, and dependent children up to age 26.<sup>3</sup> Each applicant must be able to qualify based on the plan's application questions and underwriting guidelines. Child-only coverage is available for ages 2 through 18.

## Effective date

Coverage begins as early as the day following your online application submission or the postmark date stamped on your envelope. You may request a later effective date up to 60 days after the application date. All coverage is subject to approval and payment of the first premium.

## Right to return period

If you are not completely satisfied with this coverage and have not filed a claim, you may return the Certificate of Insurance within 10 days and receive a premium refund.

## Precertification

You must notify the professional review organization 10 days prior to a nonemergency hospital admission or surgery and 48 hours, or as soon as reasonably possible, following an emergency admission to the hospital. Failure to precertify will result in a benefit reduction of 50 percent. Precertification is not a guarantee of benefits.

## Coverage length

Secure STM is specifically designed to fill a temporary insurance need. Coverage stops at the end of the period for which you apply. Depending on the payment option you select, coverage can continue for 30 to 364 days.

## Continuing coverage

If your need for temporary health insurance continues, most states allow you to apply for another Secure STM plan. Your application is subject to eligibility, underwriting requirements and state availability of the coverage. The next coverage period is not a continuation of the previous period; it is a new plan with a new deductible, coinsurance, and pre-existing condition limitation.

<sup>3</sup> CA membership requirement varies by state.

## Coverage termination

Coverage ends on the earliest of the date: the premium is not paid when due; you cease to be a member of the association<sup>4</sup>; the group master policy terminates; you enter full-time active duty in the armed forces; or Standard Security Life Insurance Company of New York determines fraud or misrepresentation has been made in filing a claim for benefits. A dependent's coverage ends on the earliest of the date: your coverage terminates; the dependent becomes eligible for Medicare; or the dependent ceases to be eligible.

## Exclusions

The following is a partial list of services or charges not covered by Secure STM:<sup>5</sup>

- Any services that are not medically necessary, as defined in the Policy/Certificate
- Eye exams, eyeglasses, hearing aids
- Dental or orthodontic services and any treatment for jaw joint problems
- Outpatient prescription or legend drugs and medications
- Conditions resulting from an act of war
- Pregnancy or childbirth, except for complications of pregnancy; newborn treatment prior to discharge from the hospital, unless the charges are medically necessary to treat premature birth, congenital injury or sickness, or sickness or injury sustained during or after the birth; any infertility or sterilization treatments
- Spinal manipulation or adjustment
- Services or supplies provided by your immediate family
- Medical care received outside of the United States, Canada or its possessions
- Charges eligible for payment by Medicare and any expenses paid or payable under workers' compensation
- Cosmetic surgery, treatment for acne, hair loss or varicose veins
- Physical exams and other services not needed for medical treatment, except as specifically covered
- Experimental or investigational services
- Learning disabilities, attention deficit disorder, hyperactivity or autism
- Mental illness or nervous disorders, suicide or attempted suicide
- Alcohol or drug dependency and disorders
- Obesity treatment or weight reduction, including all forms of surgery
- Sleep disorders
- Participation in school or organized competitive sports or any high-risk sport, including riding an all-terrain vehicle, snowmobile or go-cart

<sup>4</sup> Applies only to states where association membership is required.

<sup>5</sup> 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.

**Short-term medical expense coverage under the Secure STM plan is not available in all states.**

In the states of ID, IN, KS, LA, MD, ME, MN, MT, ND, NH, NV and SD coverage is offered under an Individual Short-Term Medical Expense Insurance Policy, Form No. SSL-ISTM-1104.

In other states, short-term medical expense coverage is available to members of Communicating for America, Inc. (CA), the Group Policyholder. Coverage is offered under a group Certificate of Insurance, Form No. SSL-STM-1104. CA is a national, non-profit 501c3 association headquartered in Fergus Falls, Minn., with an office in Washington, D.C., that has been providing valued member benefits and savings since 1972. Your enrollment as a member of CA is completed upon receipt of the association dues. CA is not affiliated with Standard Security Life Insurance Company of New York, nor is it part of the insurance coverage.

## Standard Security Life Insurance Company of New York

Secure STM is insured by Standard Security Life Insurance Company of New York, a member of The IHC Group. Standard Security Life is rated A- (Excellent) for financial strength by A.M. Best Company, Inc., a widely recognized rating agency that rates insurance companies on their relative financial strength and ability to meet policy obligations. (An A++ rating from A.M. Best is its highest rating.)

## The IHC Group

For almost three decades member companies of The IHC Group have built a reputation of commitment to the markets they serve. With more than 1 million customers nationwide, The IHC Group's focus is to be an innovative partner to small businesses, individuals and families.

## Important information

This brochure provides a brief description of the benefits, exclusions and other provisions of the Policy/Certificate of Insurance. For complete listings, see the Policy/Certificate of Insurance.

### CONTACT INFORMATION

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