

Short Term Medical | Idaho



Time Insurance Company Assurant Health is the brand name for products underwritten and issued by Time Insurance Company. Coverage for unexpected illness and injury



You need the financial protection of major medical coverage. How do you choose a plan that's affordable and provides the protection you need?

Consider Short Term Medical.

An affordable major medical option

Short Term Medical plans are affordable because they provide major medical coverage in a different way. Short Term Medical protects you from the medical bills that can result from unexpected injuries and illnesses, without coverage for preventive or routine care.

Short Term Medical is not considered minimum essential coverage.

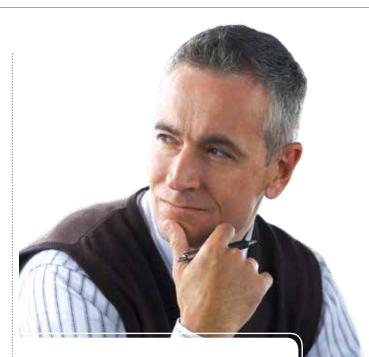
GET THE COVERAGE YOU NEED WITH SHORT TERM MEDICAL

You can rely on Assurant Health Short Term Medical plans to provide the major medical coverage you need. We were one of the first to offer short term plans, and we've remained a leader ever since.



Plans available up to 180 days

- Coverage as soon as the day after you apply
- Flexibility to choose your own doctors and hospitals, with no network restrictions
- One common family deductible for length of policy
- Prescription drug coverage



Choose Assurant Health

FEEL SECURE. We have 120 years¹ of experience and an A₂ (Eycellent) rating ²

an A- (Excellent) rating.² FEEL CONFIDENT.

You have access to convenient resources that make health care easier to understand and help you save money.

FEEL RESPECTED. No matter your question, concern or request, you can contact us knowing we'll treat you with respect.

¹Assurant Health is the brand name for products underwritten and issued by Time Insurance Company (est. 1892).

²Source: A.M. Best Ratings and Analysis of Time Insurance Company, December 2012.

Choose your Short Term Medical plan

Covered expenses are subject to your selected deductible and coinsurance.

DOCTOR VISITS	 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 		
HOSPITAL BENEFITS	 Inpatient and outpatient services are covered Discounts for using facilities in the PHCS network 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 Discounts for using Lab Card Select for lab testing - 20-60% savings 		
TRANSPLANT BENEFITS	\$100,000, with a limit of \$10,000 in donor expenses		
DEDUCTIBLE (The amount you must pay before Assurant Health pays benefits)	 \$1,000, \$2,500 or \$3,500 One family deductible: Only one deductible needs to be satisfied for all covered family members 		
COINSURANCE (Assurant Health's portion/your portion in covered charges up to your out-of-pocket maximum after you meet your deductible)	 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 		
LIFETIME MAXIMUM (Maximum amount your plan will pay toward medical bills per covered person)	\$2 million		



You can pay for Short Term Medical by the month or in one lump sum.

Save 20% when you pay up front!





Decide if Short Term Medical is right *for you*

Short Term Medical coverage isn't right for everybody. To decide if it's right for you, think about the benefits you value and conditions you want to cover. To secure specific benefits, such as maternity care, and gain coverage for conditions you already have, you may want to consider a major medical plan that incorporates full health care reform benefits, often called a metallic plan.

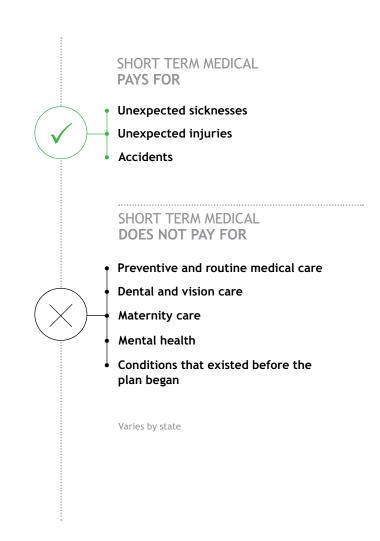
Pre-existing conditions

Since Short Term Medical covers unexpected illnesses and injuries, it does not cover pre-existing conditions. While the definition of "preexisting condition" varies by state, in general it's a condition that has been diagnosed or treated, or for which you experienced signs or symptoms, during the five years immediately prior to the date your Short Term Medical plan began.

You can find your state's definition of pre-existing condition on your rate sheet. If you have a pre-existing condition you need coverage for, you may want to purchase a metallic plan that includes health care reform benefits.

Not minimum essential coverage

Short Term Medical is not considered minimum essential coverage. That means if you insure yourself with Short Term Medical instead of a metallic plan that meets reform requirements, you may have to pay a tax penalty, depending on your income and the cost of available metallic plans.





How Short Term Medical pays benefits

FIRST	YOU PAY A DEDUCTIBLE OF BETWEEN \$1,000 AND \$5,000 Your deductible is the amount you must pay before Assurant Health pays benefits			_
THEN	100% / 0% coinsurance (or 80%/20% coinsurance	or 50% / 50% coinsurance	_
	You pay nothing more than your deductible for covered charges	You pay 20% of any additional covered charges, up to \$2,000	You pay 50% of any additional covered charges, up to \$5,000	
		:	:	_
THEREAFTER	Assurant Health pays all remaining per covered individual	covered charges, up to the plan maxir	num of \$2 million	

After your Short Term Medical plan expires

Short Term Medical plans are not renewable, and plan termination is not considered a qualifying life event for purposes of enrolling in a metallic plan. Therefore, depending on your plan's termination date, when your Short Term Medical plan expires, you may have a gap in insurance coverage until you can begin coverage with a new Short Term Medical or other health plan.

DEFINITION OF PRE-EXISTING CONDITION

- A condition that would have caused an ordinarily prudent person to seek medical advice, diagnosis, care or treatment during the six (6) months immediately preceding the effective date of coverage;
- A condition for which medical advice, diagnosis, care or treatment was recommended or received during the six (6) months immediately preceding the effective date of coverage; or
- 3. A pregnancy that exists on your effective date of coverage.

Limitations for pre-existing conditions

We will not pay benefits during your benefit period for charges incurred due to a pre-existing condition. We will not pay benefits during your benefit period for charges related to or due to a complication of a pre-existing condition. This limitation does not apply to a newborn, newborn adopted child placed within 60 days of birth, from and after the moment of birth, or newly adopted child placed after 60 days of birth (up to age 18) who is added to coverage under this policy as described under the definition of "Covered Dependent" under "Section I. DEFINITIONS." Benefits are subject to all the terms, limits and conditions in this policy.

Contract numbers 135/136/137

This brochure provides summary information. Please refer to the insurance policy or ask your agent for a complete listing of benefits, exclusions and terms of coverage.

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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.

- Pre-existing conditions or diseases, except for congenital anomalies of a covered child dependent
- Mental or emotional disorders, alcoholism and drug addiction
- Pregnancy, except for complications of pregnancy
- Illness, treatment or medical condition arising out of:
- War or any act of war (whether declared or undeclared);
- Participation in a felony, riot or insurrections;
- Services in the armed forces or units auxiliary to it;
- Suicide (sane or insane), attempted suicide or intentionally self-inflicted injury;
- Aviation; and
- With respect to short-term nonrenewable policies, interscholastic sports
- Cosmetic surgery, except that cosmetic surgery does not include reconstructive surgery when such service is incidental to or follows surgery resulting from trauma, infection or other diseases of the involved part, and reconstructive surgery because of congenital anomalies of a covered dependent child
- Foot care in connection with corns, calluses, flat feet, fallen arches, weak feet, chronic foot strain or symptomatic complaints of the feet
- Care in connection with the detection and correction by manual or mechanical means of structural and the effects of it, where the interference is the result of or related to distortion, misalignment or subluxation of, or in the vertebral column
- Benefits provided under Medicare or other governmental program (except Medicaid), a state or federal worker's compensation law, employers' liability or occupational disease law, or motor vehicle no-fault law; services performed by a member of the covered person's immediate family; and services for which no charge is normally made in the absence of insurance
- Dental care or treatment
- Eye glasses, hearing aids and examination for the prescription or fitting of them
- Rest cures, custodial care, transportation and routine physical examinations
- Territorial limitations: We will not pay for charges or expenses that are incurred outside of the United States, its possessions or Canada (as modified by Amendment 4295)
- Elective abortions, except to preserve the life of the female upon whom the abortion is performed