

Secure 12x3

Short-Term Medical Insurance



Secure 12x3 is perfect for:

- Those who are self-employed
- Part-time or temporary employees
- Early retirees
- Those needing a COBRA alternative

Features include:

- Up to three 12 month coverage periods
- Rx Pay Card included
- \$25 per doctor office visit
- Freedom to choose any medical provider with option to use MultiPlan PPO network for greater savings

www.hpainsurance.com 

Administered by: Health Plan Administrators, Inc.

Underwritten by: Standard Security Life Insurance Company of New York

Marketed by:



Who qualifies for Secure 12x3?

Secure 12x3 is available to all members of Communicating for America* who are between the age of 18 to 64, and their spouses and dependent children under age 19 (or under age 25 if a full-time student). All applying for coverage must be able to answer "no" to all medical history questions on the application. Child-only coverage is available for ages 2 through 18.

*CA membership does not apply to residents in ID, IN, KS, LA, ME, MD, MN, MT, ND, NH, NV, or SD.

What is Secure 12x3?

Anytime you are without insurance, you are running a risk. You may not have a health problem now, but insurance is for the unexpected. Secure 12x3 allows you and your family to purchase affordable short-term medical coverage for physician services, surgery, outpatient and inpatient care for a temporary period.

How does the plan work?

Secure 12x3 pays benefits for each covered person in the following manner (subject to specific benefit limits):

1. You are responsible for eligible expenses until the deductible is satisfied. Choose from four options: \$500, \$1,000, \$2,500 or \$5,000 (maximum of 3 deductibles per family)
2. For most covered services, Secure 12x3 then pays 80% or 50% of the next \$10,000 of covered expenses
3. After this, Secure 12x3 pays 100% of covered expenses up to your coverage period maximum of \$750,000*

*Certain conditions have limited maximum benefits; see "What medical expenses are covered?" and "What services are not covered?" Refer to your coverage document for specific terms and conditions.

What medical expenses are covered?

After satisfying the deductible amount you've selected, Secure 12x3 will pay the coinsurance you've selected for covered expenses, up to a maximum of \$750,000 per insured person per coverage period.* The benefits are limited to the usual, reasonable and customary charge for a covered expense in addition to any specific limits.

Physician Office Visit: Up to \$25 per visit up to four visits per coverage period. After the office visit, the balance of the charge is subject to the plan deductible and coinsurance up to \$1,000 per Coverage Period.

In-Hospital Regular Care Charges: Up to \$1,000 per day; includes daily room and board and all miscellaneous charges**

In-Hospital Intensive or Critical Care Charges: Three times the average semi-private room rate up to \$1,250 per day; includes daily room and board and all miscellaneous charges**

Outpatient Hospital Surgery & Ambulatory Surgical Center Charges: Up to \$1,000 per day includes cost of operating room and all miscellaneous charges**

Outpatient Emergency Room: Up to \$500 per day includes the emergency room physician charge, 24-hour surveillance and all miscellaneous charges**

In-Hospital Physician Visits: Up to \$500 maximum per hospital stay
Surgeon and Anesthesiologist: Up to \$2,500 per procedure, up to \$5,000 maximum per Coverage Period

Outpatient or Physician Office Miscellaneous Charges:**

Up to \$1,000 per Coverage Period

Ambulance Services: up to \$250 per trip

Organ Transplants: Up to \$150,000 lifetime maximum

Acquired Immune Deficiency Syndrome (AIDS):

Up to \$10,000 lifetime maximum***

Mammography is covered subject to coinsurance and any specific limits****

Pap Smear and Screens (includes PSA) are covered

subject to coinsurance and any specific limits****

*Benefits for gall bladder surgery are limited to a \$2,500 per Coverage Period per insured person. Benefits for injury or disorders of the knees are limited to a \$2,500 per Coverage Period per insured person. Benefits may vary by state.

**Miscellaneous charges where indicated includes: X-rays, scans, laboratory, blood, therapy, oxygen, casts, splints, medicines, injections, chemotherapy and medical supplies.

***The AIDS maximum of \$10,000 per Coverage Period does not apply to Certificates of Insurance issued to residents of AZ, DC, or MO.

****Benefits are covered subject to coinsurance and any specific limits including outpatient or doctor's office miscellaneous limits.

What is a Usual, Reasonable and Customary charge?

Usual, Reasonable and Customary means with respect to fees or charges, fees for medical services or supplies which are usually charged by the provider for the service or supply given and the average charge for the service or supply in the locality in which the service or supply is received; whichever is less, or with respect to treatment or medical services, treatment which 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 for services and supplies; we may use and subscribe to a standard industry reference source that collects data and makes it available to its member companies.

How can I save money and maximize my benefits?

Through the Secure 12x3 plan, you have access to discounted medical services through two national Preferred Provider Networks (PPOs): ACS and MultiPlan. The network providers have agreed to provide their services at a negotiated fee and pass these discounts on to you. 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 cost. The discount will be reflected in your final bill and you will not owe the network providers for the difference between their retail rate and the negotiated fee. You will still be responsible for paying your share of the covered expenses, including any deductible, copay and coinsurance. Your coinsurance amount will be based upon the negotiated fee.

Using a network provider is voluntary. If you are unable to find a network provider, we will attempt to negotiate a discount for you from your provider. While we can't guarantee the outcome, if we successfully obtain a discount it will be passed on to you.

To search for a health care provider or facility, please visit the Web sites listed below. At the time of services, simply present your identification card to the network provider.

• **ACS** is a comprehensive network of 2,500 ancillary service providers at over 25,000 sites, representing providers of outpatient services, including lab and diagnostic testing, except physicians. www.anci-care.com

• **MultiPlan** is one of the nation's largest networks with more than 500,000 members in 50 states, including physicians, and inpatient and outpatient facilities. www.multiplan.com or 888-342-7427.

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

What services are not covered?

Below is a partial list of services or charges not covered by Secure 12x3:

- Any services that are not medically necessary
- Eye exams, eyeglasses, hearing aids
- Dental or orthodontic services
- Treatment of foot conditions
- Conditions resulting from an act of war
- Maternity and newborn treatment prior to discharge, any infertility treatments or sterilization treatments
- Spinal manipulation or adjustment
- Services performed by family members or for which a charge would otherwise not be incurred
- Medical care received outside of the United States, Canada or their possessions
- Services payable by Medicare or Worker's Compensation coverage
- Cosmetic surgery, treatment for acne, hair loss or varicose veins
- Transplant services to the transplant donor
- Routine physical exams and tests, preventive care and immunizations
- Experimental or investigational services
- Learning disorders, attention deficit disorder, hyperactivity or autism
- Mental or nervous disorders, depression or suicide attempt
- Alcohol or drug dependency and disorders
- Obesity treatments
- Sleep disorders
- Over-the-counter medications and prescription drugs
- Participation in school or organized competitive sports or any high risk sport

Limitations and exclusions may vary by state. Please see the Certificate of Insurance for detailed information about these and other plan limitations and exclusions.

How does the Rx Pay Card work?

In addition to your insurance plan, you'll also enjoy access to discounts on prescription drugs through our Rx Drug Card in over 55,000 pharmacies nationwide.* The Rx Drug Card is not an insurance benefit and therefore there is no deductible, no claim forms and no pre-existing conditions.* The Rx Drug Card is intended to help you find low cost medications within the same therapeutic class as a drug you may currently be taking. With this formulary program you pay up to \$10 for generic drugs, or up to \$20 or \$50 for brand name and select generic drugs or a special discount on the retail cost of brand name drugs.

**The Rx Pay Card is not an insurance benefit. It is not affiliated with the Standard Security Life Insurance Company of New York nor is it a part of the Secure 12x3 plan. The Rx drug card is not available in all states.*

What is the optional Supplemental Accident Benefit?

If purchased, the Supplemental Accident Benefit covers \$500 of covered expenses* caused by an accidental injury. The first treatment must be within 72 hours of the accident and only expenses within 90 days after the accident are covered.

**After \$500, the balance of the expenses is subject to the plan deductible and coinsurance.*

Are pre-existing conditions covered?

Secure12x3 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 persons effective date of coverage; or symptoms existed within the 5-years immediately prior to the covered persons effective date of coverage which would cause a reasonable person to seek diagnosis, care or treatment. The pre-existing condition limitation may vary by state.

Do I need pre-certification?

You must notify the pre-certification service 10 days prior to a non-emergency hospital admission or surgery and 48 hours (or as soon as reasonably possible) following an emergency admission to the hospital for pre-certification of admission. Failure to pre-certify will result in a benefit reduction of 50%. Pre-certification is not a guarantee of benefits.

What are my payment options?

Monthly payments are accepted by check, money order, credit card or automatic bank withdrawal. If you select the monthly pay option and your need for insurance ends before your Coverage Period ends, you can stop your coverage by notifying us in writing.

When does my coverage start?

Your coverage will begin as early as the day following the U.S. postmark stamp on your envelope or on the day following an application received via the Internet. You can request a later effective date, but no more than 60 days after the application date. All coverage is subject to approval of your application and payment of the first premium.

How long will Secure 12x3 coverage last?

HPA's Secure 12x3 insurance is specifically designed to fill temporary health insurance needs. You can apply for three separate consecutive 12 month coverage periods, up to a maximum of 36 months in all.

When does coverage terminate?

Coverage ends when the premium is not paid when due; or you cease to be a member of the association;* or the group master policy terminates; or you enter full-time active duty in the Armed Forces; or you become eligible for Medicare; or the elected coverage period expires; 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; or the dependent becomes eligible for Medicare; A dependent's coverage ends on the earliest of the date your coverage terminates; or the dependent becomes eligible for Medicare; or the dependent ceases to be eligible.

**Applies only to states where association membership is required.*

How can I have additional coverage after the 12 month Coverage Period is complete?

When your coverage period is almost over, you will receive a simplified application form to apply for another 12-month coverage period.* If you re-apply within 30 days prior to the termination date of your coverage, and your application is approved in underwriting, a new coverage period will be issued and the effective date will be the first day following the termination date of your coverage period. We will issue you a new Certificate of Insurance and a new deductible and coinsurance will apply. However, the pre-existing conditions limitation will not apply to any condition(s) that were covered during a prior coverage period. Any other pre-existing conditions will remain subject to the pre-existing conditions limitation as described in the Certificate of Insurance.

**The coverage and rates may be different and are subject to state availability. You must be under age 65 years old to reapply for coverage.*

Is there an extension of benefits after the plan terminates?

If a member, or insured dependent is receiving benefits for a hospital confinement on the date that the Certificate of Insurance terminates (for other than non payment of premium), benefits will continue in accordance with the terms of the Certificate of Insurance for as long as that confinement remains. However, in no event will coverage continue beyond the end of 90 days following the date the coverage terminates when the Insured becomes eligible for other coverage for the same conditions or the maximum benefits have been reached. Benefits payable are subject to a new Deductible Amount and satisfaction of Coinsurance Limit.

Is there a free look period?

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

What is the Enhancement Series?*

Included with your coverage is Communicating for America (CA) Lifestyle Enhancement Series,* which provides CA members with discounts for the following services and or purchases.

- **Coaches and Advocates:** For information on providers in your area, the latest consumer health reports and assistance with benefits.*
- **TelaDoc:** TelaDoc™ is a national network of board certified physicians providing cross coverage consultations 24 hours a day, 365 days a year.*
- **Discount Prescription Drug Card:** All members receive a FREE discount prescription drug card.*
- **Discounted Services:**
 - Remote PC access · Voicemail Transcription
 - Remote File Sharing Service · Remote Meeting
 - Remote Backup

**The Communicating for America (CA) Healthy Lifestyle Enhancement Series is not an insurance benefit, nor is it affiliated with Standard Security Life Insurance Company of New York, nor is it a part of the STM insurance plan. The enhancement series benefits are not insurance coverage. The benefits may vary by state and exclusions may apply. The Enhancement Series is not available to residents in the states where the CA membership is not required.*

About Communicating for America

Communicating for America, Inc.*** (CA) provides many discounts to its members. Your enrollment as a member of CA is completed upon receipt of the association annual dues. Your membership information will be mailed shortly thereafter.

****CA is not affiliated with Standard Security Life Insurance Company of New York, nor is it a part of the insurance coverage. CA is a 501c5 non-profit association headquartered in Fergus Falls, Minn., with an office in D.C., providing members valued benefits and savings since 1972. CA membership does not apply to residents of the following states: ID, IN, KS, LA, ME, MD, MN, MT, ND, NH, NV or SD.*

Who is the insurance carrier?

The Secure 12x3 is insured by Standard Security Life Insurance Company of New York (Standard Security), a member of the IHC Group. Standard Security is rated A- (Excellent) by A.M. Best Company, a widely recognized rating agency that rates insurance companies on their relative financial strength and ability to meet their obligations to their insureds. Standard Security has chosen Health Plan Administrators, Inc. (HPA), also a member of the IHC Group, to provide service for your Secure 12x3 plan.

The IHC Group is an insurance organization comprised of Independence Holding Company (NYSE: IHC) and its operating subsidiaries. The IHC Group has been providing life, health and stop-loss insurance solutions for over 25 years. For more information on Independence Holding Company and the IHC Group, visit www.ihcgroup.com.

www.hpainsurance.com
1-800-277-3323

This brochure provides a brief description of the benefits, exclusions and other provisions of the group policy Form SSL-STMP-1104 and individual policy SSL-ISTM-1104 (may vary by state). For complete listing, see the Policy/Certificate of Insurance. Benefits may vary by state. Secure 12x3 is not available in all states.

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