



ASSURANT
Health

VIRGINIA



Short Term Medical

*Temporary Insurance for
Gaps in Health Coverage*

- ▶ BETWEEN JOBS
- ▶ WAITING FOR
EMPLOYER BENEFITS
- ▶ TEMPORARY OR
SEASONAL EMPLOYEES
- ▶ NEW GRADUATES

Enrollment Form Enclosed —
Apply Today!



ASSURANT
Health

Choose the protection of Short Term Medical for gaps in health insurance coverage.

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 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 was the first provider of temporary insurance in 1973 and has remained a leader ever since.

Receive access to the health care you need with Short Term Medical:

- Prescription drug coverage and card for instant savings
- Coverage as soon as the next day
- You may keep your own doctors



Valuable Major Medical Coverage for Times of Transition



BETWEEN JOBS

If you're between jobs, consider Short Term Medical. For about half the cost of COBRA,* Short Term Medical offers next-day coverage to help you bridge the insurance gap.



WAITING FOR EMPLOYER BENEFITS

Often new employers impose a waiting period before you're eligible for health benefits. With Short Term Medical, you stay insured and can choose your own plan duration.



TEMPORARY OR SEASONAL EMPLOYEES

When your employment schedule is unpredictable, it's hard to maintain health coverage. Short Term Medical offers you prescription drug savings and flexible coverage options to suit your situation.



NEW GRADUATES

If you've just graduated, you're probably no longer eligible for health insurance through a student plan or your parent's plan. Short Term Medical is an affordable way to guard against unexpected medical bills until you secure permanent coverage.

** 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.*

Short Term Medical Benefits

With Short Term Medical, you get the following valuable benefits for unexpected illnesses and injuries. More details will appear in your enrollment kit. **Coverage starts as early as the next day!**

PLAN FEATURES

Prescription Drug Benefits	<ul style="list-style-type: none"> Includes prescription drug card for instant savings — on average over 30% off Covered <i>(subject to deductible and coinsurance)</i>
Doctor Visits	<ul style="list-style-type: none"> Covered for unexpected illness and injury <i>(subject to deductible and coinsurance)</i> You may keep your own doctors Discounts for using network doctors — on average 20-35% off
Hospital Benefits	<ul style="list-style-type: none"> Inpatient and outpatient services covered <i>(subject to deductible and coinsurance)</i> Discounts for using network facilities — on average 20-35% off
Emergency Room Care	Covered <i>(subject to deductible and coinsurance)</i>
Ambulance	Service to nearest hospital able to treat condition
Outpatient Surgery	Covered <i>(subject to deductible and coinsurance)</i>
X-ray and Laboratory	Covered <i>(subject to deductible and coinsurance)</i>
Transplant Benefits	\$100,000 including up to \$10,000 in donor expenses
Deductible Choices* <i>(The amount you must pay before Assurant Health pays any benefits.)</i>	<ul style="list-style-type: none"> \$500, \$1,000, or \$2,500 Only one deductible must be satisfied for all covered family members
Coinsurance* <i>(Assurant Health's portion/your portion of the first \$10,000 in medical bills after you meet your deductible.)</i>	80%/20%
Lifetime Maximum* <i>(Maximum amount your plan will pay toward medical bills per covered person.)</i>	\$2 million

* Additional deductible, coinsurance, and lifetime maximum options are available through your agent.

What's Not Covered

This Short Term Medical plan does not cover:

- 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, or playing interscholastic 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

Follow These Four Easy Steps to Enroll:


1 Determine Whom to Cover

You may insure yourself, your spouse, and/or dependent children for one month or longer.

If you need coverage for a period between one and six months, Short Term Medical may be a good option if you do not need your plan to cover treatment for an existing medical condition. If you do, an Assurant Health individual medical plan or COBRA coverage may be better for you.

2 Verify Eligibility

Each person must be between the ages of 30 days and 64 years, 11 months. Dependents must be under the age of 18, or 24 if full-time students.

Look at the health questions next to the  symbol on the enrollment form. You will not be eligible for Short Term Medical 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.

3 Design Your Plan

Your Short Term Medical plan design is based on three things:

- deductible
- length of time you need coverage
- coinsurance

Decide on the deductible right for you.

Consider the tradeoff when choosing:

- A lower deductible means you'll pay higher premiums (the amount you pay for your health coverage) but less out of pocket initially if you get sick or injured.
- A higher deductible means lower premiums but a greater initial sum out of pocket if you get sick or injured.

To decide how long you need health coverage, consider your needs. If you pay by the month, simply stop paying when you secure permanent health insurance.

If you already know how long you'll need coverage, you can **save 20% on your premium** by making a single, up-front payment. Premium refunds are not available when making a single payment. Your payment is due when you enroll, regardless of effective date.

If you become ill or injured while covered by a Short Term Medical plan, your benefits may be extended:

- continued coverage at no additional cost for up to 12 months if you are hospitalized
- \$1,000 in benefits at no additional cost for up to 60 days if you have a non-disabling condition

When your plan expires, you may apply for another plan. Since a Short Term Medical plan will not cover medical conditions that existed before the plan began, a new Short Term Medical plan will not provide benefits for any condition or symptom that began during a previous plan.

3 Design Your Plan *(continued from page 7)*

Coinsurance refers to the percentage of medical bills that Assurant Health and you pay after you pay your deductible. You are responsible for a portion of the first \$10,000 in covered charges after you meet your deductible. After that first \$10,000, Assurant Health pays 100% of covered charges up to the lifetime maximum.

Talk to your agent if the plan options available here don't meet your needs. Assurant Health offers Short Term Medical deductibles of \$250 to \$3,500 and other coinsurance options.

Here's an example of how much you would pay in premium, deductible, and coinsurance if you broke your leg and required \$15,000 in medical treatment.

IF YOU CHOSE	EXAMPLE PREMIUM*	YOU WOULD PAY	ASSURANT HEALTH WOULD PAY
<ul style="list-style-type: none">\$1,000 deductible80/20 coinsurance	\$86.57	\$3,000 (\$1,000 deductible + \$2,000 coinsurance [20% of the next \$10,000])	\$12,000
<ul style="list-style-type: none">\$2,500 deductible80/20 coinsurance	\$67.33	\$4,500 (\$2,500 deductible + \$2,000 coinsurance [20% of the next \$10,000])	\$10,500

* Premiums shown are per-month nationwide average for a 33-year-old.

Rates are subject to change and are based on age, plan design, and geographical area. Your rate will not change during your policy period.

4 Calculate Your Premium and Complete the Enrollment Form

Now it's time to calculate your premium and complete the enrollment form.

SINGLE PAY AND MONTHLY RATES*						
AGE	DEDUCTIBLE CHOICE (with 80%/20% coinsurance)					
	\$500		\$1,000		\$2,500	
	SINGLE	MONTHLY	SINGLE	MONTHLY	SINGLE	MONTHLY
0-14	43.50	55.68	37.50	48.00	28.50	36.48
15-19	57.00	72.96	46.50	59.52	37.50	48.00
20-24	51.00	65.28	45.00	57.60	33.00	42.24
25-29	50.70	64.90	41.40	52.99	29.10	37.25
30-34	57.00	72.96	40.50	51.84	31.50	40.32
35-39	67.80	86.78	51.00	65.28	36.00	46.08
40-44	75.30	96.38	60.30	77.18	43.50	55.68
45-49	88.80	113.66	75.30	96.38	52.50	67.20
50-54	120.60	154.37	100.80	129.02	75.30	96.38
55-59	164.10	210.05	132.60	169.73	97.80	125.18
60-64	257.70	329.86	212.40	271.87	152.10	194.69
CHILD(REN) RATES						
1	27.00	34.56	24.00	30.72	15.00	19.20
2	54.00	69.12	48.00	61.44	30.00	38.40

For additional children, call your agent for details.

* Choose single payment if you know the number of days you need coverage. Choose monthly payment if you are unsure how long you need coverage and wish to pay as you go.

ZIP CODE FACTOR	
222, 223	1.77
All other VA	1.44

PREMIUM CALCULATION	
1. RATE	
A) Policyholder Rate	
B) Spouse Rate	+
C) Child(ren) Rate	+
SUBTOTAL	=
2. ZIP CODE FACTOR	X
SUBTOTAL	=
3. FOR SINGLE PAY ONLY (For monthly pay, skip to step 4) Multiply by number of months you need coverage (maximum 6 months)	X
SUBTOTAL	=
4. APPLICATION FEE (one-time)	+ \$25.00
TOTAL DUE	=

Additional Benefits and Services

Health Advocates Alliance Membership

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. Membership benefits include access to a 24-hour nurse helpline and discounts on vitamins and LensCrafters® purchases.

Provider Discounts

Though you always have the option of choosing your own doctors, you can save an average of 20-35% on your medical bills by using network doctors and hospitals. Simply call the number or visit the Web site listed on your medical insurance card to check if your doctor is part of the extensive provider network.

Patient Care

When you need help navigating the health care system, you can reach out to Patient Care, an independent health care advocacy service. A specially trained advocate will answer your questions and help resolve your concerns.

Premium Refunds

If you are not completely satisfied with your Short Term Medical plan, you may return the policy and identification cards within 10 days of delivery for a premium refund, no questions asked. After the 10-day free look period, premiums are not refundable. The one-time application fee is not refundable at any time.

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.



ASSURANT
Health

Assurant Health
P.O. Box 3175
Milwaukee, WI
53201-3175
800-800-5453

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 www.assuranthealth.com.

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

Short Term Medical Enrollment Form

Time Insurance Company
501 W. Michigan Milwaukee, WI 53203

VIRGINIA

REQUESTED EFFECTIVE DATE			Note: Effective date is assigned by Time Insurance Company. The effective date is the later of: 1. The day after: a) the date this form is signed; b) the date this form is postmarked for mailing to Time Insurance Company; or c) the date we receive your enrollment request by electronic transmission in our home office, OR 2. If dates cannot be determined, the day we receive this form by mail. The agent cannot assign an effective date different than this.	CERTIFICATE/POLICY NUMBER	
MONTH	DAY	YEAR			
APPLICANT'S NAME (Print last, first, middle)			GENDER	BIRTH DATE	SOCIAL SECURITY NUMBER
STREET ADDRESS			CITY, STATE, ZIP CODE		
SPOUSE'S NAME (if to be insured)			GENDER	BIRTH DATE	SOCIAL SECURITY NUMBER
CHILDREN (NAME) (if to be insured)		BIRTH DATE	NAME	BIRTH DATE	NAME
1.			2.		3.

Note: Under no circumstances can coverage become effective prior to the date this application is signed.

Answer the following questions completely and accurately.

	YES	NO
1. Have/Are you, your spouse, or any person to be insured: <input type="checkbox"/>		<input type="checkbox"/>
◆ been denied insurance due to any health reasons that are still present? ◆ now pregnant, an expectant parent, in the process of adopting a child or undergoing infertility treatment?		
◆ over 300 pounds if male, or over 250 pounds if female?		
2. For any of the following conditions within the last 5 years, have you or any person to be insured received any abnormal test results or medical or surgical treatment, or consulted a health care professional, or taken medication for: <input type="checkbox"/>		<input type="checkbox"/>
◆ heart disorder including but not limited to heart attack or chest pain? ◆ AIDS or tested positive for HIV? ◆ diabetes?		
◆ Emphysema? ◆ stroke? ◆ cancer or tumor?		
◆ Crohn's disease, ulcerative colitis or hepatitis? ◆ kidney disorder, excluding kidney stones? ◆ alcoholism, chemical dependency, drug or alcohol abuse?		

DEDUCTIBLE AMOUNT	PAYMENT OPTION AND LENGTH OF COVERAGE	RATE OF PAYMENT	TOTAL
<input type="checkbox"/> \$ 500 <input type="checkbox"/> \$ 1,000 <input type="checkbox"/> \$ 2,500	<input type="checkbox"/> Single Payment - Total number of months needed _____ <input type="checkbox"/> Monthly Payment - Coverage is needed for: up to 6 months (30-180 days)	<input type="checkbox"/> 80%	

The undersigned applicant and the agent certify that the applicant has read, or had read to him or her, the completed application and the applicant realizes that any false statement or misrepresentation in the application may result in the loss of coverage under the policy. Any person, who with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law. The undersigned understands that the plan applied for will not pay benefits for any expenses incurred on account of any condition which manifested itself before the effective date. The undersigned also understands that this is not a continuation of any previous medical plan, including any prior Short Term Medical plan. **NO RECOVERY FOR PRE-EXISTING CONDITIONS: No benefits will be provided during the term of the coverage under this plan for any pre-existing condition. Benefits may be reduced if there is other insurance coverage in force.** If I am self employed or an employee of an employer with 50 or fewer employees, I warrant premiums for this coverage are not: (1) Paid or reimbursed by my employer or, (2) To the best of my knowledge, treated as tax-deductible by my employer or me as related to an employer benefit plan (Internal Revenue Code sections 106,125,162 or 213).

PRIMARY PHYSICIAN'S NAME (IF ANY)	PRIMARY PHYSICIAN'S TELEPHONE NUMBER
APPLICANT'S SIGNATURE	AGENT'S SIGNATURE
	TODAY'S DATE

DAY TELEPHONE NUMBER	EVENING TELEPHONE NUMBER
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FORM 28786.VA

Electronic Policy Option

I would like to receive my policy and the company's "Notice of Privacy Practice" via the Internet. Yes No EMAIL ADDRESS

To receive policy delivery via the Internet, you must provide your email address in the space to the right. ➡

Payment Information

Step 1: Select a Method of Payment: MasterCard Visa Check Automatic charge to checking account (Only available with the Monthly Payment Option)
Please submit first month premium via check along with a separate voided check.

Important Reminders: The application fee is non-refundable. There will be no refund of premium after the 10-day free look period in the contract.

Step 2: Authorization

◆ When selecting the single payment option with MasterCard/Visa: I authorize Assurant Health to charge my account for the Short Term Medical policy listed above.
◆ When selecting the monthly payment option with MasterCard/Visa or Automatic Charge to a checking account: I authorize Assurant Health to charge my account each month for the Short Term Medical policy listed above, until the end of the policy or until I request cancellation in writing. I understand I can request the charge be stopped if I notify Assurant Health seven days in advance of the charge occurring.

Card # - - - Exp. Date: ____ / ____ Authorized Amount \$ _____ (Insert Initial Premium Payment Amount)

ACCOUNT HOLDER'S SIGNATURE	DATE	APP SOURCE
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Health Advocates Alliance Membership Application: Health Advocates Alliance is a membership organization that promotes good health among its members and their communities. Membership in the Alliance is required in order to be eligible for health insurance coverage. Membership privileges include the right to participate in all programs offered by the Association. Information regarding the benefits provided by the Association will be sent under separate cover. The premium includes your membership in Health Advocates Alliance. I hereby request enrollment in the Health Advocates Alliance.

MEMBER NAME (Please print)	MEMBER'S SIGNATURE	DATE
AGENT NAME	AGENT ID #	CONFIRMATION CODE (HOME OFFICE USE ONLY)