

What is Secure 12x3 STM?

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 STM 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 STM 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 STM then pays 80% or 50% of the next \$10,000 of covered expenses

3. After this, Secure 12x3 STM 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.*

Who qualifies for Secure 12x3 STM?

Secure 12x3 STM is offered to members and their spouses under age 65 and their dependent children under age 19 (or under age 25 if a full-time student) who can answer "No" to the health questions on the application. Children age 19 and over should apply separately. Child-only coverage is available for ages 2 through 18 (see the Secure 12x3 STM Rate Calculation instructions for details).

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.

What medical expenses are covered?

After satisfying the deductible amount you've selected, Secure 12x3 STM 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.

Doctors 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: 3 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**

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

In-Hospital Doctors 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

Out-Patient or Doctors Office miscellaneous charges:** up to \$1,000 per Coverage Period

Ambulance Services: up to \$250 per emergency

Organ Transplants: \$150,000 maximum per Coverage Period

Acquired Immune Deficiency Syndrome (AIDS): \$10,000 maximum per Coverage Period***

Mammography, are covered subject to deductibles, coinsurance and any specific limits

Pap Smear and Screens (includes PSA) are covered subject to deductibles, 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 Arizona, District of Columbia or Missouri.*

Are pre-existing conditions covered?

Pre-existing conditions are not covered. The pre-existing conditions limitation includes conditions that were treated or produced symptoms, within five years prior to the effective date of your Secure 12x3 STM Coverage Period. However, any condition covered under a prior Secure 12x3 coverage period will be covered under subsequent consecutive Secure 12x3 coverage periods, whether or not it is a pre-existing condition.

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.

Who is the Association?

Communicating for America* (CA) provides many benefits and discounts to its members. Your enrollment as a member of the 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., providing members valued benefits and savings since 1972.*

**CA membership does not apply to residents of the following states: ID, KS, LA, ME, MD, MN, MT, ND, NH, NV or SD.*

Who is the Insurance Company?

Standard Security Life Insurance Company of New York is rated A (Excellent) for financial condition by A.M. Best Company, as of 06/20/05. A.M. Best ratings range from A++ to D.

Who is the Administrator?

Health Plan Administrators, Inc. (HPA) is a fully licensed, full service Third Party Administrator servicing businesses worldwide. HPA provides state of the art industry leading insurance services.

1-800-277-3323

www.hpa-inc.com

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

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The Competitor

Secure 12x3 STM

Temporary Medical Insurance

THE IDEAL SOLUTION FOR

- Those self-employed
- Part-time and temporary employees
- Those needing a COBRA alternative
- Early Retirees

SPECIAL FEATURES

- Option for up to three 12 month coverage periods
- Includes Rx Drug Card - up to \$10 for Generic Drugs
- \$25 per doctor office visit
- \$500 Supplemental Accident Option
- Choose any doctor or hospital



Insured by: Standard Security Life Insurance Company of New York
Rated A (Excellent) by A.M. Best Reports

Administered by: Health Plan Administrators, Inc. (HPA), Rockford, IL

Marketed by:

Do I need precertification?

Pre-admission certification prior to eligible inpatient hospitalization or surgery by the covered individual within 48 hours is required. This is not a guarantee of benefits. Failure to precertify will result in a benefit reduction of 50%. Call 1-800-367-9938 for precertification.

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.

Does the STM have a Preferred Provider Organizations (PPO) Network?

In addition to your insurance plan, you'll also enjoy discounts provided through nationwide access to one of the premier PPOs through Private HealthCare Systems (PHCS). PHCS provides you the opportunity to reduce your expenses for provider and facility services. The program is voluntary, so there is no penalty for not using a PHCS participating provider; but you can reduce your out-of-pocket medical expenses by using the program. Simply call PHCS at 1-800-678-7427 or visit PHCS on the web at www.phcs.com to verify that your doctor or hospital is part of the PHCS Healthy Directions Network. At the time of service present your Short Term Medical Insurance Identification Card with the PHCS logo on it and your provider will bill you at the reduced network rate for services if applicable.*

What is LabOne Select?

In addition to your insurance plan, you'll be able to take advantage of low-cost laboratory testing by having lab tests performed by LabOne. Using LabOne Select can save you up to 40% over other providers!*

* PHCS and LabOne are not affiliated with the Standard Security Life Insurance Company of New York nor are they a part of the Secure 12x3 insurance plan.

How does the Rx Drug 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 42,000 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 Drug 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 STM insurance plan.

What is the STM Enhancement Series?

Included with your coverage is Communicating for America (CA) Healthy Lifestyle Enhancement Series* which provides members with discounts for the following services and or purchases: • Vitamins, herbs and nutritional supplements—10-30% off already low prices • Nurse-on-call access to a registered nurse 24 hours a day, seven days a week • Chiropractic services—10%-30% off at more than 28,000 private chiropractors and alternative health services • Prescription drugs—up to 15-60% off on generic or name brand drugs at more than 45,000 pharmacies nationwide • Vision eyewear care—up to 15%-45% off eyeglasses, contact lenses and non-prescription sunglasses through a network of more than 40,000 retail optical locations, including Pearle Vision, Target Optical, Sears Optical and LensCrafters • Dental services—20%-60% on dental expenses from 34,000 dentists in CAREINGTON International.

*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 or a part of the STM insurance plan. CA provides access to discount services administered by CAREINGTON International.

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

How long will Secure 12x3 STM coverage last?

HPA's Secure 12x3 STM 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.

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.

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, effective day following the termination date of your Coverage Period. We will issue you a new Certificate of Insurance and 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.

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; or a dependent ceases to be eligible.

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.

What services are not covered?

The following is a partial list of services or charges not covered by Secure 12x3 STM:

- Any services that are not medically necessary
- Eye exams, eyeglasses, hearing aids and surgery
- 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 its 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
- Certain surgeries during the first six months

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