



ASSURANT
Health



Short Term Medical

*Temporary Insurance for Gaps in
Health Coverage of 1 to 12 months
(varies by state)*

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

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.

Time Insurance Company

*Assurant Health is the brand name for products
underwritten and issued by Time Insurance Company.*



Choose Short Term Medical when you are

- between jobs
- looking for a lower-cost alternative to COBRA coverage*
- waiting for employer-sponsored benefits
- a temporary or seasonal employee
- a new graduate

* To preserve your rights to guaranteed health insurance and coverage for pre-existing conditions, you may need to purchase up to 18 months of COBRA. You may forego these rights when you purchase a Short Term Medical plan or choose to go without insurance.

Who's eligible for Short Term Medical?

- Healthy individuals between the ages of 30 days and 64 years, 11 months who answer “no” to all questions.
- Dependent children under age 18* (age 24 if a full-time student) may be covered as dependents on a parent's plan

* For residents of CO, ME, MN, NM, TX, and UT: under the age of 25 regardless of student status.

* For residents of LA: under the age of 21 (age 23 if full-time student).

* For residents of SD: under the age of 19 (age 24 if full-time student).

* For residents of NH: under the age of 26 regardless of student status.

* For residents of ND: under the age of 22 (age 25 if full-time student).

Designing 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.

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 (subject to deductible and coinsurance)
Doctor Visits	<ul style="list-style-type: none"> Covered for unexpected illness and injury (subject to deductible and coinsurance) 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 (subject to deductible and coinsurance) Discounts for using network facilities — on average 20-35% off
Emergency Room Care	Covered (subject to deductible and coinsurance)
Ambulance	Service to nearest hospital able to treat condition (subject to deductible and coinsurance)
Outpatient Surgery	Covered (subject to deductible and coinsurance)
X-ray and Laboratory	Covered (subject to deductible and coinsurance)
Transplant Benefits	\$100,000 including up to \$10,000 in donor expenses (subject to deductible and coinsurance)
Extension of Benefits <i>(If you become ill or injured while covered by a Short Term Medical plan, your benefits may be extended.)</i>	<ul style="list-style-type: none"> 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 <p>* totally disabled in FL</p>
Deductible Choices <i>(The amount you must pay before Assurant Health pays any benefits.)</i>	<ul style="list-style-type: none"> \$250,* \$500, \$1,000, \$2,500, \$3,500,** \$5,000*** Only one deductible must be satisfied for all covered family members <p>* For the \$250 deductible only: -Available only for up to 6 months. -Each family member must satisfy the deductible (up to a maximum of three deductibles).</p> <p>** Available only for up to 6 months and with 100% coinsurance. Varies by state.</p> <p>*** Available only on policies of 181-360 days. Varies by state</p>
Coinsurance <i>(Assurant Health's portion/your portion of the first \$10,000 in medical bills after you meet your deductible.)</i>	100%/0%,* 80%/20%, 50%/50% * Available only for up to 6 months (varies by state) with the \$1,000, \$2,500 and \$3,500 deductibles.
Lifetime Maximum <i>(Maximum amount your plan will pay toward medical bills per covered person.)</i>	\$2 million

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,** genetic 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

* Covered charges in excess of reasonable and customary amounts are not covered under this Short Term Medical plan.

Notice for NE residents: THIS PLAN DOES NOT PROVIDE BASIC COVERAGE FOR THE TREATMENT OF MENTAL HEALTH CONDITIONS AND ALCOHOLISM.

**Does not apply to MT residents.



Pre-existing condition information

Short Term Medical plans provide coverage for unexpected illnesses and injuries, meaning they do not cover pre-existing conditions. While the definition of “pre-existing condition” varies by state, in general it is a condition that has been diagnosed or treated, or for which you experienced signs or symptoms, during the 5 years immediately prior to the Short Term Medical effective date.*

If you need your insurance plan to cover treatment of an existing medical condition, consider extending your current plan to fill your gap in coverage. Employer-sponsored insurance can be extended under a government-regulated option called COBRA.

Because Short Term Medical is designed to cover the unexpected, it does not provide coverage for preventive care, physicals, dental care, or vision care.

*Please see pages 6-8 for your state’s pre-existing definition.

Benefits are paid as follows:

FIRST	You pay the deductible.		
	100%/0%	80%/20% coinsurance	50%/50% coinsurance
THEN		You pay 20% of the next \$10,000 in covered charges up to a maximum of \$2,000.	You pay 50% of the next \$10,000 in covered charges up to a maximum of \$5,000.
THEREAFTER	Assurant Health pays 100% of remaining covered charges up to the plan maximum of \$2 million for each covered person.		

When does coverage begin?

Your coverage will begin at 12:01 a.m. the day of your approved effective date, provided the enrollment form received is complete,* meets the requirements for acceptance, and includes the full initial premium. Your requested effective date must be within 45 days of the date you signed the enrollment form.

* Enrollment forms that do not meet eligibility requirements will be returned to the applicant or agent. Incomplete enrollment forms may be returned and/or re-dated by Assurant Health.

Two convenient payment options

Paying for your Short Term Medical plan is easy with these two convenient payment options:

- Single payment option: save 20% on your premium if you know the exact number of days you need coverage. The minimum plan duration you may apply for is 1 month, the maximum is 12 months (varies by state). No refunds are available after the 10-day free look period.†
- Monthly payment option: ideal if you are unsure how long you’ll need coverage. This “pay as you go” option gives you the flexibility to continue coverage for as long as you need—simply stop paying and discontinue the plan once you secure permanent insurance.

For FL, MD, PA, VA, and WI residents only

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.

Premium refunds

If you are not 100 percent satisfied with the plan, you may return it and your 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.

†Not applicable to residents of FL, GA, ID, KS, MI, OH, SC, and TX.

Reduce your medical costs*

You may be able to reduce your medical bills by using the doctors and hospitals participating in the PHCS Healthy Directions provider network. Simply call or go online to see if your doctor or hospital is part of PHCS Healthy Directions:

1-800-357-6847 • www.phcs.com

* Not applicable in RI.

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 work through your concerns.

Purchasing an additional plan

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.

† For CA residents: You may apply for a new plan under the following condition:

- No claims were submitted to Assurant Health while covered under a previous Short Term Medical plan, for you or any member of your family to be covered.

For CO residents: You may apply for a new plan under the following condition:

- You have not had more than two Short Term Medical plans during the past 12 months.

For ID residents: You may apply for a new plan under the following condition:

- 64 days have passed since you were last covered by a Short Term Medical plan.

For ME residents: You may apply for a new plan under the following condition:

- Total days of coverage for all Short Term Medical plans cannot exceed 365 days. If you have reached the maximum 365-day limit, you must wait 12 months from the termination date of the last policy before reapplying for additional coverage.

For MI residents: You may apply for a new plan under the following condition:

- Total days of coverage from all our Short Term Medical plans cannot exceed 185 days in any 365-day period.

For MN residents: You may apply for a new plan under the following condition:

- Total days of coverage from all our Short Term Medical plans cannot exceed 365 days in any 555-day period.

For NH residents: You may apply for a new plan under the following condition:

- You have not been insured by a Short Term Medical plan more than two times in the past 12 months.

For NM residents: You may apply for a new plan under the following condition:

- No claims were submitted to Assurant Health while covered under a previous Short Term Medical plan, for you or any member of your family to be covered.

For OR residents: You may apply for a new plan under the following condition:

- 90 days have passed since the last time you were insured for 180 days or more by a Short Term Medical plan.

For UT residents: You may apply for a new plan under the following condition:

- No individual to be insured submitted a claim while covered by a previous Short Term Medical plan.



Pre-existing condition information

Please see the information below that corresponds to your state

AL, AR, AZ, FL, GA, IA, IN, KS, KY, MD, MN, NE, NV, OH, OK, OR, TN, TX, VA, WA, WI, WV and WY

PRE-EXISTING CONDITION: A medical condition due to sickness or injury:

1. For which the insured received medical treatment or advice from a provider within the 5-year period immediately preceding the effective date of coverage, regardless of whether the condition was diagnosed or not diagnosed; or
2. That produced signs or symptoms within the 5-year period immediately preceding the effective date of coverage. The signs or symptoms must have been significant enough to establish manifestation or onset by one of the following tests:
 - a) The signs or symptoms would have allowed one learned in medicine to make a diagnosis of the disorder; or
 - b) The signs or symptoms should have caused an ordinarily prudent person to seek diagnosis or treatment.

A pregnancy that exists on the day before your effective date will be considered a pre-existing condition.

AK

PRE-EXISTING CONDITION: A medical condition due to sickness or injury:

1. For which the insured received medical treatment or advice from a provider within the 5-year period immediately preceding the effective date of coverage, regardless of whether the condition was diagnosed or not diagnosed; or
2. That produced signs or symptoms within the 5-year period immediately preceding the effective date of coverage. The signs or symptoms must have been significant enough to establish manifestation or onset by one of the following tests:
 - a. The signs or symptoms would have allowed a health care practitioner to make a diagnosis of the disorder; or
 - b. The signs or symptoms should have caused an ordinarily prudent person to seek diagnosis or treatment.

A pregnancy that exists on the day before your effective date will be considered a pre-existing condition.

CA

PRE-EXISTING CONDITION: A medical condition due to sickness or injury for which medical advice, diagnosis, care or treatment, including the use of prescription drugs, was recommended or received from a health care practitioner within the 6-month period immediately preceding the effective date of coverage.

CO

PRE-EXISTING CONDITION: A medical condition due to sickness or injury for which the insured received medical advice, diagnosis or care or for which treatment was recommended or received from a provider within the 12-month period immediately preceding the effective date of coverage, regardless of whether the condition was diagnosed or not diagnosed.

DC

PRE-EXISTING CONDITION: A medical condition due to sickness or injury:

1. For which the insured received medical treatment or advice from a provider within the 5-year period immediately preceding the effective date of coverage, regardless of whether the condition was diagnosed or not diagnosed; or
2. That produced signs or symptoms within the 5-year period immediately preceding the effective date of coverage. The signs or symptoms must have been significant enough to establish manifestation or onset by one of the following tests:
 - a. The signs or symptoms would have allowed one learned in medicine to make a diagnosis of the disorder; or
 - b. The signs or symptoms should have caused a person to seek diagnosis or treatment.

A pregnancy that exists on the day before your effective date will be considered a pre-existing condition.

DE

PRE-EXISTING CONDITION: A medical condition due to sickness or injury for which the insured received medical treatment or advice from a provider within the 12-month period immediately preceding the effective date of coverage, regardless of whether the condition was diagnosed or not diagnosed.

A pregnancy that exists on the day before your effective date will be considered a pre-existing condition.

ID

PRE-EXISTING CONDITION: A medical condition due to sickness or injury and related complications:

1. For which medical advice, diagnosis, care, or treatment was recommended or received from a provider within the 6-month period immediately preceding the effective date of coverage; or
2. That produced signs or symptoms within the 6-month period immediately preceding the effective date of coverage.

A pregnancy that exists on the effective date will be considered a pre-existing condition.

IL

PRE-EXISTING CONDITION: A medical condition due to sickness or injury:

1. For which the insured received medical treatment or advice from a provider within the 2-year period immediately preceding the effective date of coverage, regardless of whether the condition was diagnosed or not diagnosed; or
2. That produced signs or symptoms within the 1-year period immediately preceding the effective date of coverage. The signs or symptoms must have been significant enough to establish manifestation or onset by one of the following tests:
 - a) The signs or symptoms would have allowed one learned in medicine to make a diagnosis of the disorder; or
 - b) The signs or symptoms should have caused an ordinarily prudent person to seek diagnosis or treatment.

A pregnancy that exists on the day before your effective date will be considered a pre-existing condition.

**LA**

PRE-EXISTING CONDITION: A medical condition due to sickness or injury:

1. For which the insured received medical treatment or advice from a provider within the 1-year period immediately preceding the effective date of coverage, regardless of whether the condition was diagnosed or not diagnosed; or
2. That produced signs or symptoms within the 1-year period immediately preceding the effective date of coverage. The signs or symptoms must have been significant enough to establish manifestation or onset by one of the following tests:
 - a. The signs or symptoms would have allowed one learned in medicine to make a diagnosis of the disorder; or
 - b. The signs or symptoms should have caused an ordinarily prudent person to seek diagnosis or treatment.

A pregnancy that exists on the day before your effective date will be considered a pre-existing condition.

ME

PRE-EXISTING CONDITION: A medical condition due to sickness or injury:

1. For which the insured received medical advice, diagnosis, care or treatment from a provider within the 12-month period immediately preceding the effective date of coverage, regardless of whether the condition was diagnosed or not diagnosed; or
2. That produced signs or symptoms within the 12-month period immediately preceding the effective date of coverage that would caused an ordinarily prudent person to seek medical advice, diagnosis, care or treatment.

A pregnancy that exists on the day before your effective date will be considered a pre-existing condition.

MI

PRE-EXISTING CONDITION: A medical condition due to sickness or injury:

1. For which the insured received medical advice, diagnosis or care or for which treatment was recommended or received from a provider within the 5-year period immediately preceding the effective date of coverage, regardless of whether the condition was diagnosed or not diagnosed; or
2. That produced signs or symptoms within the 5-year period immediately preceding the effective date of coverage. The signs or symptoms must have been significant enough to establish manifestation or onset by one of the following tests:
 - a) The signs or symptoms would have allowed one learned in medicine to make a diagnosis of the disorder; or
 - b) The signs or symptoms should have caused an ordinarily prudent person to seek diagnosis or treatment.

A pregnancy that exists on the day before your effective date will be considered a pre-existing condition.

MO

PRE-EXISTING CONDITION: A medical condition due to sickness or injury:

1. For which the insured received medical treatment or advice from a provider within the 5-year period immediately preceding the effective date of coverage, regardless of whether the condition was diagnosed or not diagnosed; or
2. That produced signs or symptoms within the 5-year period immediately preceding the effective date of coverage, when such signs or symptoms should have caused an ordinarily prudent person to seek diagnosis or treatment.

A pregnancy that exists on the day before your effective date will be considered a pre-existing condition.

MS

PRE-EXISTING CONDITION: A medical condition due to sickness or injury:

1. For which medical advice, care or treatment was recommended or received from a provider within the 12-month period immediately preceding the effective date of coverage, regardless of whether the condition was diagnosed or not diagnosed; or
2. That would have caused an ordinarily prudent person to seek medical advice, diagnosis, care or treatment within the 12-month period immediately preceding the effective date of coverage.

A pregnancy that exists on the day before your effective date will be considered a pre-existing condition.

MT

PRE-EXISTING CONDITION: A medical condition due to sickness or injury:

For which the insured received medical advice or treatment was recommended by or received from a provider of health care services within the 5-year period immediately preceding the effective date of coverage.

NC

PRE-EXISTING CONDITION: A medical condition due to sickness or injury:

1. For which the insured received medical treatment or advice from a provider within the 5-year period immediately preceding the effective date of coverage, regardless of whether the condition was diagnosed or not diagnosed; or
2. That produced signs or symptoms within the 5-year period immediately preceding the effective date of coverage that would have allowed one learned in medicine to make a diagnosis of the disorder.

ND

PRE-EXISTING CONDITION: A medical condition due to sickness or injury for which the insured received medical treatment or advice from a provider within the 2-year period immediately preceding the effective date of coverage, regardless of whether the condition was diagnosed or not diagnosed. A pregnancy that exists on the day before Your effective date will be considered a pre-existing condition.

NH

PRE-EXISTING CONDITION: A medical condition due to sickness or injury for which the insured received medical treatment or advice from a provider within the 2-year period immediately preceding the effective date of coverage, regardless of whether the condition was diagnosed or not diagnosed. A pregnancy that exists on the day before your effective date will be considered a pre-existing condition.

NM

PRE-EXISTING CONDITION: A medical condition due to sickness or injury:

1. For which the insured received medical treatment or advice from a provider within the 6-month period immediately preceding the effective date of coverage, regardless of whether the condition was diagnosed or not diagnosed; or
2. That produced signs or symptoms within the 6-month period immediately preceding the effective date of coverage. The signs or symptoms must have been significant enough to establish manifestation or onset by one of the following tests:
 - a. The signs or symptoms would have allowed one learned in medicine to make a diagnosis of the disorder; or
 - b. The signs or symptoms should have caused an ordinarily prudent person to seek diagnosis or treatment.

A pregnancy that exists on the day before your effective date will be considered a pre-existing condition.

PA

PRE-EXISTING CONDITION: A medical condition due to sickness or injury:

1. For which the insured received medical treatment or advice from a provider within the 5-year period immediately preceding the effective date of coverage, regardless of whether the condition was diagnosed or not diagnosed; or
2. That produced signs or symptoms within the 5-year period immediately preceding the effective date of coverage. The signs or symptoms must have been significant enough to establish manifestation or onset by one of the following tests:
 - a. The signs or symptoms would have allowed one learned in medicine to make a diagnosis of the disorder; or
 - b. The signs or symptoms should have caused an ordinarily prudent person to seek diagnosis or treatment.

A pregnancy that exists on the day before your effective date will be considered a pre-existing condition.

RI

PRE-EXISTING CONDITION: A medical condition due to sickness or injury:

1. For which the insured received medical treatment or advice from a provider within the 12-month period immediately preceding the effective date of coverage, regardless of whether the condition was diagnosed or not diagnosed; or
2. That produced signs or symptoms within the 12-month period immediately preceding the effective date of coverage. The signs or symptoms must have been significant enough to establish manifestation or onset by one of the following tests:
 - a. The signs or symptoms would have allowed one learned in medicine to make a diagnosis of the disorder; or
 - b. The signs or symptoms should have caused an ordinarily prudent person to seek diagnosis or treatment.

SC

PRE-EXISTING CONDITION: A medical condition due to sickness or injury: For which medical advice, diagnosis, care or treatment was received or recommended from a provider within the 1-year period immediately preceding the effective date of coverage, regardless of whether the condition was diagnosed or not diagnosed.

SD

PRE-EXISTING CONDITION: A medical condition due to sickness or injury:

1. For which the insured received medical advice, diagnosis, care, or treatment was recommended or received during the 12-month period immediately preceding the effective date of coverage; or
2. Which would have caused an ordinarily prudent person to seek medical advice, diagnosis, care or treatment during the 12-month period immediately preceding the effective date of coverage. A pregnancy that exists on your effective date will be considered a pre-existing condition.

UT

PRE-EXISTING CONDITION: A medical condition due to sickness or injury:

1. For which medical treatment or advice was received or recommended from a provider within the 5-year period immediately preceding the insured's effective date of coverage, regardless of whether the condition was diagnosed or not diagnosed; or
2. That produced signs or symptoms within the 5-year period immediately preceding the insured's effective date of coverage which would have caused an ordinarily prudent person to seek diagnosis, care, or treatment.

A

1-800-392-0819

This brochure provides a brief description of the important features of this plan. This is not the insurance policy. The actual plan sets forth in detail the rights and obligations of both you and your insurance company. State mandated benefits, if applicable, are incorporated in your plan.

135/136/137/135.001.TX/135.001.TX.A