ASSURANT Health

Short Term Medical Insurance

RHODE ISLAND

Coverage for 30 - 365 Days

✓ Up to $2 million in coverage
✓ Visit any doctor, any hospital
✓ Prescription drug coverage
✓ Coverage as early as the next day

Simple. Fast. Affordable.

Our lives are constantly changing, as are our priorities. However, one priority that should never change is ensuring you and your family are protected against an unexpected illness or injury — both medically and financially.

Even if you're healthy, you're not immune from the unexpected. If you find yourself temporarily without health coverage, **Short Term Medical** insurance is an affordable solution that provides valuable basic protection against an unexpected illness or accident. **Short Term Medical** insurance is:

Simple — You get coverage for unexpected illnesses and accidents; pre-existing medical conditions are not covered.

Fast — Coverage can be obtained as early as the next day … just a few simple medical questions to answer. Best of all, you can choose to receive your policy electronically.

Affordable — You design the plan that best meets your needs and budget. **Short Term Medical** insurance is a low-cost option for your temporary need and may also be a low-cost alternative to COBRA.

The plan comes with a variety of rate of payment (coinsurance) and deductible options, as well as a choice of single or monthly payments — giving you control over your premiums and out-of-pocket expenses.

With $2 million in coverage and the option to visit any doctor or hospital, there's no good reason to go without health insurance, even for a short time.

Who you choose matters! An insurance plan is only as reliable as the company behind it. Assurant Health has been in business since 1892, selling health insurance longer than any of its competitors. Assurant Health is the brand name for products underwritten and issued by John Alden Life Insurance Company, which is consistently rated A- (Excellent) by A.M. Best[1]. For health insurance you can depend on, insist on a track record of expertise, strength and commitment — insist on Assurant Health.

Temporary Health Insurance for People Who Are:

- Between jobs or laid off
- Looking for a lower-cost alternative to COBRA
- Recent college graduates
- Waiting for employer-sponsored coverage
- Temporary or seasonal employees

Who's Eligible for This Plan?

- Healthy individuals between the ages of 30 days and 64 years, 11 months.
- Dependent children through age 18 (age 24 if full-time student) may be covered as dependents on their parent's plan.
- Foreign residents living in the U.S. for at least one year at the time of enrollment, with proof of Alien Registration Receipt Card, visa or other appropriate documentation.

Plan Highlights

- Freedom to choose your own doctors and hospitals
- Prescription drug coverage
- In-hospital and out-patient benefits
- Coverage continues beyond the policy period for up to 12 months if you are hospitalized — at no additional cost*
- $1,000 extension of benefit beyond the policy period for up to 60 days for a non-disabling condition — at no additional cost

* With the 12 month plan (186-365 days), coverage continues beyond the policy period for up to 90 days if you are hospitalized — at no additional cost.

Prescription Drug Coverage

Prescription drugs are expensive. And costs seem to be going up every day. That's why it's important to choose a **Short Term Medical** plan that includes prescription drug coverage.

This plan provides coverage for both generic and brand name prescription drugs needed as a result of an accident or illness while covered under this plan.

- Visit any pharmacy
- No separate deductible to meet
- No limits on the number of prescriptions that can be filled

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**

[1] Source: A.M. Best Ratings and Analysis, June, 2006.

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.

John Alden

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Design the Plan That's Right for You

	6 Month Plan	12 Month Plan
Length of Coverage	30-185 days Up to 6 monthly payments	186-365 days Up to 12 monthly payments
Deductible Amount you pay toward covered expenses before the plan pays benefits	**$250***, $500, $1,000, $2,500 Only one deductible needs to be satisfied for all covered members. ***For the $250 deductible only** — each family member needs to satisfy the deductible (up to a maximum of three deductibles).	$500, $1,000, $2,500, $5,000 Only one deductible needs to be satisfied for all covered members.
Rate of Payment (Coinsurance) Percentage of covered expenses we pay after the deductible	100%, 80%, 50% The 100% option is only available with the $1,000 and $2,500 deductible options.	80%, 50%
Lifetime Benefit Maximum The total maximum amount the plan pays	$2 million	$2 million

Benefits are paid as follows:

FIRST	You pay the deductible.		
THEN	100%	80/20	50/50
		You pay 20% of the next $10,000 up to a maximum of $2,000.	You pay 50% of the next $10,000 up to a maximum of $5,000.
THEREAFTER	We pay 100% of remaining covered expenses up to the plan maximum of $2 million for each covered person.		

Plan Exclusions

This Short Term Medical plan does not cover: pre-existing conditions* (including those not inquired about on the enrollment form); preventive or wellness doctor visits; dental or optical treatments; routine physical exams; normal pregnancy or childbirth; well child care; interscholastic and intercollegiate sports injuries; expenses incurred outside the United States, its possessions, territories or Canada. **Other exclusions are listed in detail in the policy you will receive when you purchase Short Term Medical.**

* 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; or 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: The signs or symptoms would have allowed one learned in medicine to make a diagnosis of the disorder; or 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.

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 the full initial premium is received. Your requested effective date must be within 30 days from the date you signed the enrollment form.

Please refer to the enrollment form on the back of this brochure for more information on determining your effective date.

* Enrollment forms that do not meet eligibility requirements will be returned to the insured 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 two convenient payment options:

- **Single Payment Option:** Ideal if you know the exact number of days coverage is needed. The minimum number of days you may apply for is 30 days, the maximum is 365 days. **No refunds are available after the 10-day free look period.**
- **Monthly Payment Option:** Ideal if you are unsure how long coverage is needed. This "pay as you go" option gives you the flexibility to continue coverage for as long as it's needed or simply stop payments and discontinue the plan once your temporary need ends. When you apply, simply let us know if you want the ability to have coverage for up to 6 months or up to 12 months.

Purchasing an Additional Plan

This **Short Term Medical** plan is not renewable. However, if your temporary need continues beyond your policy period, you may apply for a new plan. To obtain an additional plan, you must complete a new enrollment form. If we approve the new enrollment form, a new plan will be issued.

Any previous or current health condition or symptom will be considered a pre-existing medical condition that will not be covered under a new plan. There is no continuous coverage between plans — therefore your new plan will not provide benefits for any condition or symptom which began during a previous plan. In addition, no benefits are available for any period in which you are not covered by our **Short Term Medical** plan.

Premium Refunds

If you are not 100 percent satisfied with the 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 $20 application fee is non-refundable.

Apply Now!

Applying for **Short Term Medical** coverage is easy.

1. Calculate the premium for the coverage of your choice. Refer to the Premium Calculation Instructions section to the right.
2. Complete all information, sign and date the enrollment form.
3. Mail the completed enrollment form with your payment to your agent or Assurant Health, P.O. Box 3175, Milwaukee, WI 53201-3175.

Checks and Money Orders should be made payable to: Assurant Health.

If you have any questions, please contact the agent listed on the brochure or call Assurant Health at **1-800-800-5453**.

The $250 deductible option is only available with the 6 month plan and the $5,000 deductible is only available with the 12 month plan.

Chart 1 — Primary Insured/Spouse Daily Rate

Age	Deductible				
	$250	$500	$1,000	$2,500	$5,000
0-14	$2.10	$1.40	$1.20	$0.90	$0.70
15-19	2.70	1.80	1.50	1.20	1.00
20-24	2.50	1.70	1.50	1.10	0.90
25-29	2.50	1.60	1.30	0.90	0.80
30-34	2.70	1.80	1.30	1.00	0.80
35-39	3.20	2.20	1.70	1.20	1.00
40-44	3.60	2.40	1.90	1.40	1.10
45-49	4.20	2.80	2.40	1.70	1.40
50-54	5.70	3.80	3.20	2.40	1.90
55-59	7.40	5.20	4.20	3.10	2.50
60-64	12.10	8.10	6.70	4.80	3.90

Note: Only use the rates above for the primary insured and spouse. See chart below for dependent child rates.

Chart 2 — Dependent Child Daily Rate

	Deductible				
	$250	$500	$1,000	$2,500	$5,000
Per Child	$1.40	$0.90	$0.80	$0.50	$0.45

This plan is not available to residents of Hawaii, Massachusetts, New Jersey, New York and Vermont.

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 policy.

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Premium Calculation Instructions

Refer to charts on previous panel.

	SINGLE PAYMENT	MONTHLY PAYMENT
Step 1. Choose a payment option — single or monthly.		
Step 2. List each applicant's daily rate. Rate chart is set up by age and deductible.† a) Primary Insured rate	_____	_____
b) Spouse rate	+ _____	+ _____
(See Chart 1) **Subtotal**	= _____	= _____
Step 3. List the per child rate (see chart on previous panel). ..	_____	_____
Enter the number of dependent children.	x _____	x _____
Multiply the rate by the number of children.		
(See Chart 2) **Subtotal**	= _____	= _____
Step 4. Add the subtotals from Steps 2 & 3.	= _____	= _____
Step 5. Monthly Factor	x 1.00	x 1.25
Multiply by the subtotal in Step 4.		
Subtotal	= _____	= _____
Step 6. Multiply the ZIP Code Factor by the subtotal in Step 5	x 1.50	x 1.50
Subtotal	= _____	= _____
Step 7. Plan Type • 6 Month Plan (30-185 days), enter 1.00 • 12 Month Plan (186-365 days), enter 1.30	x _____	x _____
Multiply by the subtotal in Step 6.		
Subtotal	= _____	= _____
Step 8. Enter the number of days of coverage	x _____ Minimum is 30 days. Maximum is 365 days.	x 35 Subsequent monthly payments will be less as they are based on 30 day increments. To determine future monthly premiums, repeat the calculation using 30 days.
Multiply the number of days by the subtotal in Step 7.		
Subtotal	= _____	= _____
Step 9. Rate of Payment • 100%, enter 1.25 Available with 6 Month Plan (30-185 days) only, with $500, $1,000 and $2,500 deductibles • 80/20, enter 1.00 • 50/50, enter 0.80	x _____	x _____
Multiply by the subtotal in Step 8.		
Subtotal	= _____	= _____
Step 10. Application Fee **(Non-refundable)**	+ 20.00	+ 20.00* one-time fee only
TOTAL	= _____	= _____

† Choose one deductible amount per policy.
* Application fee is added to first month's premium only.

Enter this amount on the enrollment form in the box marked TOTAL.

Short Term Medical Enrollment Form — John Alden Life Insurance Company — RHODE ISLAND

REQUESTED EFFECTIVE DATE			Note: Effective date is assigned by John Alden Life 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 John Alden Life 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'S NAME (if to be insured)	BIRTH DATE	NAME	BIRTH DATE	NAME	BIRTH DATE
1.		2.		3.	

Note: The plan cannot be issued if YES is answered to any questions. 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: . . . . . ☐ ☐

- ◆ been denied insurance due to any health reasons that are still present?
- ◆ over 300 pounds if male, or over 250 pounds if female?
- ◆ now pregnant, an expectant parent, in the process of adopting a child or undergoing infertility treatment?

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: . . . . . ☐ ☐

- ◆ heart disorder including but not limited to heart attack or chest pain?
- ◆ Emphysema?
- ◆ Crohn's disease, ulcerative colitis or hepatitis?
- ◆ AIDS or tested positive for HIV?
- ◆ stroke?
- ◆ kidney disorder, excluding kidney stones?
- ◆ diabetes?
- ◆ cancer or tumor?
- ◆ alcoholism, chemical dependency, drug or alcohol abuse?

DEDUCTIBLE AMOUNT	PAYMENT OPTION AND LENGTH OF COVERAGE	RATE OF PAYMENT	TOTAL
☐ $ 250* ☐ $ 500 ☐ $ 1,000 ☐ $ 2,500 ☐ $ 5,000** **Available only with the 6 month plan of 30-185 days.* ***Available only with the 12 month plan for policies of 186-365 days.*	☐ Single Payment - Total number of days needed _____ ☐ Monthly Payment - Coverage is needed for: ☐ up to 6 months ☐ up to 12 months	☐ 100%* ☐ 80% ☐ 50% ** Available only with the 6 month plan for policies of 30 - 185 days with the $500, $1,000 and $2,500 deductibles.*	

The undersigned attests that the information above is true to the best of his/her knowledge. The undersigned realizes that any false, or inaccurate statement or misrepresentation in the enrollment form may result in claim denial or contract rescission. Any person who injures, defrauds, or deceives any insurer, files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree. 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. 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	**TODAY'S DATE**
DAY TELEPHONE NUMBER	EVENING TELEPHONE NUMBER

FORM JT-1147

Electronic Policy Option

I would like to receive my policy and the company's "Notice of Privacy Practice" via the Internet. . . . . ☐ **Yes** ☐ **No**
To receive policy delivery via the Internet, you must provide your email address in the space to the right. ➡

EMAIL ADDRESS

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 $20 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
JOHN ALDEN AGENT ID #	NORTH STAR MARKETING REP NAME	CONFIRMATION CODE (HOME OFFICE USE ONLY)

Products are underwritten by John Alden Life Insurance Company. (March 2007)