

What services are not covered?

- Any services that are not medically necessary
- Eye exams, eyeglasses, hearing aids and surgery
- Dental or orthodontic services
- Treatment of feet conditions
- Conditions resulting from an act of war, suicide attempt or high-risk sports
- 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 insured
- Medical care received outside of the United States
- Services payable by Medicare or Worker's Compensation coverage
- Cosmetic surgery
- Transplant services to the transplant donor
- Routine physical exams and tests, preventive care and immunizations unless specifically covered
- 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
- Prescription drugs (Discounts available for outpatient prescription drugs through the CA STM Enhancement Series)
- 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 policy for detailed information about these and other plan limitations and exclusions.

What is the STM Enhancement Series discount program?

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.*

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 06/04. A.M. Best ratings range from A++ to D.

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.*



Insured by Standard Security Life Insurance Company of New York

Administered by Health Plan Administrators, Inc.

Marketed by Insurers Administrative Corporation

800-IAC-0843

www.iacusa.com

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



Short Term Major Medical Insurance for Individuals and Families

Special features

- Coverage for 1-6 or 12 months
- Single payment discount
- Unlimited re-applies
- Freedom to choose any doctor or hospital
- \$2 million maximum per covered person
- Includes an ancillary benefits discount program

Perfect for:

- Those between health insurance plans
- College students and graduates
- Part-time or temporary employees
- Those unemployed or laid-off



What is TempMed?

Just because you don't have health insurance right now doesn't mean you won't have health problems. TempMed allows you and your family to purchase affordable major medical coverage for physician services, surgery, outpatient and inpatient care for a temporary, short-term period.

Who qualifies for TempMed?

TempMed is available to you, your spouse through the age of 64 years old, and dependent children under age 19 (or under 25 if a full-time student) who can answer "No" to seven 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 TempMed rate chart for instructions).

Is there a satisfaction guarantee?

Yes, if you have not filed a claim, you may return the Certificate of Insurance for any reason within 10 days and receive a premium refund, minus any non-refundable administrative fees.

How does the plan work?

TempMed pays benefits for each covered person in the following manner:

- 1 You are responsible for eligible expenses until the deductible is satisfied. Choose from four options: \$250, \$500, \$1,000, or \$2,500. (Maximum 3 deductibles per family)
- 2 TempMed then pays 80% or 50% of the next \$5,000 of covered expenses.
- 3 After this, TempMed pays 100% of covered expenses up to your maximum of \$2 million.



What medical expenses are covered?

After you've met your selected deductible amount, TempMed will pay the coinsurance you selected for eligible expenses, up to a maximum of \$2 million per insured person per coverage period.*

Benefits are limited to the usual, reasonable, and customary charge for a covered expense in addition to any specific limits.

Physician Services for treatment and diagnosis
Mammography, pap smear and screens
Outpatient Hospital or Ambulatory Surgical Center Charges

Hospital Charges for average semi-private room rate, medical care and treatment

Intensive Care up to 3 times the average semi-private room rate

Surgeon Services in the hospital or ambulatory surgical center

Assistant Surgeon Services up to 20% of the surgeon's benefits

Anesthesia Services: up to 20% of the surgeon's benefits

X-ray Exams, Laboratory Tests and Analysis

X-ray and Radioactive isotope therapy, anesthesia, oxygen, casts, splints, crutches, braces, surgical dressings, artificial limbs or eyes, rental of medical supplies

Blood or blood derivatives and their administration

Organ Transplants: \$150,000 lifetime maximum

Acquired Immune Deficiency Syndrome (AIDS): \$10,000 lifetime maximum**

Ambulance services \$250 per emergency

**Benefits for gallbladder surgery are limited to a \$2,500 lifetime maximum per insured person. Benefits for injury or disorders of the knees are limited to a \$2,500 lifetime maximum per insured person. Benefits may vary by state. Please refer to your coverage document for specific terms and conditions.*

***The AIDS maximum of \$10,000 per Coverage Period does not apply to Policies/Certificates of Insurance issued to residents of Arizona, California, District of Columbia, Idaho, Indiana, Maine, Missouri, New Hampshire, North Carolina or North Dakota. In Kansas the maximum per Coverage Period is \$75,000.*

When does my coverage start?

Coverage begins as early as the day following the U.S. postmark 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 coverage last?

TempMed is specifically designed to fill temporary insurance needs and coverage stops at the end of the period applied for. You may select a coverage period from 30 to 180 days or 1 to 12 months. *(The 12 month coverage option is not available in all states. In those states, 6 months is the maximum coverage period allowed.)*

What are my payment options?

You can pay for coverage in **monthly** payments for up to 6 or 12 months at a time.* We accept monthly payments 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 not making any further monthly payments.

A **single** payment option is ideal if you know the exact number of day's coverage is needed. This option has a special reduced rate and you only pay for the coverage you need in one single payment, from a minimum of 30 days to a maximum of 180 days of coverage.

Do I need precertification?

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

What is a usual, reasonable, and customary charge?

A usual, reasonable, and customary charge is the fee typically charged by physicians or suppliers of medical services, medicines and supplies within a specific area.

Is there a pre-existing condition limitation?

Pre-existing conditions are not covered. This includes any conditions or complications that were treated or produced symptoms five years prior to your TempMed effective date. The pre-existing condition limitation may vary by state.

Can I continue coverage?

Coverage is not renewable. However, you can apply for another TempMed plan at the end of your initial coverage. Your application is subject to eligibility, underwriting requirements and state availability of the plan. Any condition incurred during the last coverage period will be excluded as a pre-existing condition.

When does coverage terminate?

Coverage ends when the premium is not paid when due; you enter full-time active duty in the Armed Forces; you become eligible for Medicare; the elected coverage period expires; Standard Security Life Insurance Co. determines fraud or misrepresentation has been made in filing a claim for benefits; a dependent ceases to be eligible; you cease to be a member of the association*; or the group master policy terminates.

*This applies in states where association membership is required.