

## What services are not covered?

The following is a partial list of services or charges not covered by TriMed:

- Any services that are not medically necessary
- Eye exams, eyeglasses, hearing aids and eye or ear 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
- 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.

## 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 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 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?

The optional Supplemental Accident Benefit provides benefits for covered expenses caused by an accidental injury. The first treatment must be within 72 hours of the accident and only expenses incurred within 90 days after the accident are covered. You can choose to have the plan pay either \$500 or \$1,000 of covered expenses. After the plan has paid your selected benefit, the balance of expenses is your responsibility and subject to the plan deductible and coinsurance and any specific limits.

## Are pre-existing conditions covered?

Pre-existing conditions are conditions treated or that produced symptoms within five years prior to the effective date of your first coverage period and are not covered under TriMed STM. However, once coverage is approved and active, any condition(s) for which you received treatment and were covered under a prior TriMed STM coverage period will be covered under subsequent consecutive TriMed STM coverage periods, and they will not be considered pre-existing conditions.

## 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.

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 group master policy Form SSL - STMP-1104. For complete listing, see the Certificate of Insurance. Benefits may vary by state. TriMed STM is not available in all states.

TriMed STM Bro All States 12-06

# TriMed<sup>STM</sup>

Short Term Medical Insurance for  
Individuals and Families

## Special features

- Three twelve-month coverage periods
- No pre-existing condition limitation in 2<sup>nd</sup> & 3<sup>rd</sup> coverage periods for conditions developed in the 1<sup>st</sup> coverage period
- \$500 or \$1,000 supplemental accident option
- Includes Rx drug card (*Not an insurance benefit*)
- Includes access to PHCS network discounts

## Perfect for:

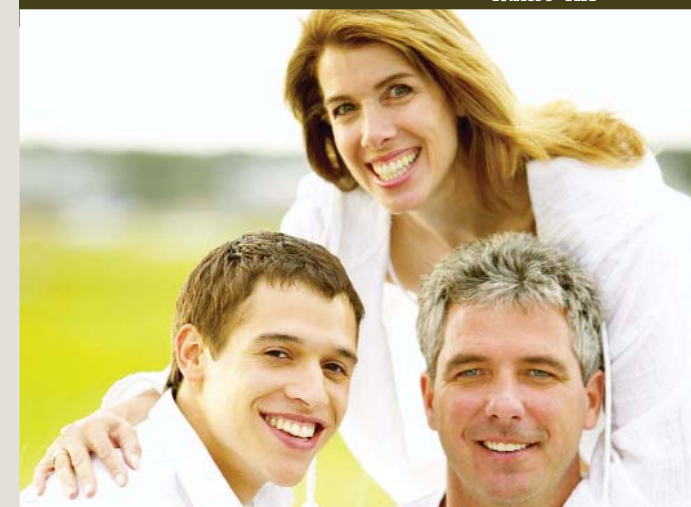
- Those between health insurance plans
- Those needing a COBRA alternative
- Part-time or temporary workers

Temporary  
Medical Coverage

Three  
Optional  
12-month  
coverage periods

PPO  
Discounts

\$10 Generic &  
Discount Brand  
Name Rx



Anytime you are without insurance, you are running a risk. You may not have a health problem now, but insurance is for the unexpected. **TriMed 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?

TriMed STM pays benefits\* for each covered person in the following manner:

**1** You choose one of four deductible options: \$500, \$1,000, \$2,500 or \$5,000. 100% of all covered expenses are your responsibility until your deductible is satisfied. (Maximum of 3 individual insured person deductibles per family)

**2** You choose either an 80% or 50% coinsurance level. TriMed STM pays this percentage of covered expenses up to \$10,000 after your deductible has been met.

**3** After this, TriMed STM pays covered expenses up to \$750,000 per insured person per coverage period, subject to any benefit limits specified below:

#### Doctors Office Visits

The plan will pay \$25 for up to four doctors office visits per insured person per coverage period **without applying the deductible**. After the \$25 office visit benefit has been paid, the balance of the charge for the visit 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

Three 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

\* Benefits may vary by state.

\*\*Miscellaneous charges where indicated include: X-rays, scans, laboratory, blood, therapy, oxygen, casts, splints, medicines, injections, chemotherapy and medical supplies.

#### 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

Up to \$150,000 maximum per coverage period

#### Acquired Immune Deficiency Syndrome (AIDS)

Up to \$10,000 maximum per coverage period (*This \$10,000 maximum benefit limit does not apply to Certificates of Insurance issued to residents of Arizona, District of Columbia or Missouri.*)

#### Gall Bladder Surgery

Benefits not provided for covered expenses in the first six months of the coverage period; thereafter, \$2,500 maximum benefit per coverage period

#### Injury or Disorder of the Knee(s)

Up to \$2,500 maximum per coverage period

### What medical expenses are covered?

Covered medical expenses are expenses for treatments, services, and supplies recommended by a doctor and (1) are medically necessary to treat a sickness or injury, (2) are usual, reasonable, & customary, and (3) do not exceed any amount payable under the terms of the policy.

*Refer to the certificate of coverage for specific terms and conditions.*

### Who qualifies for TriMed STM?

TriMed STM is available 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 attest to answering “No” to the six health questions on the application. Applicants who answer “Yes” to any of the health questions on the application are not eligible for coverage. Children age 19 and over should apply separately. Child-only coverage is available for ages two through 18 (see the TriMed 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.

### How long will TriMed STM coverage last?

TriMed insurance is specifically designed to fill temporary health insurance needs. You can apply for three consecutive 12 month coverage periods, up to a maximum of 36 months.

### Is precertification required?

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?

With respect to fees or charges, Usual, Reasonable, and Customary means fees for medical services or supplies which are usually charged by the provider for the service or supply given or 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.

### Is there a Preferred Provider Organization (PPO) Network?

TriMed STM provides you nationwide access to discounts provided by 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](http://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?

With TriMed STM, 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!\*

### How does the Rx Drug Card work?

In addition to your insurance plan, you'll also enjoy access to discounts on outpatient prescription drugs through our Rx Drug Card at more than 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, \$20 or \$50 for Brand Name and Select Generic Drugs, or a special discount off the retail price of Brand Name Drugs.\*

*\* PHCS, LabOne, and the Rx Drug Card are not affiliated with the Standard Security Life Insurance Company of New York nor are they a part of the TriMed STM insurance plan.*

### 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 an application with no medical questions 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, a new coverage period will be issued, effective the day following the termination date of your coverage period. We will issue you a new Certificate of Insurance and a new deductible and coinsurance will apply. **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 to re-apply for coverage. Changes to plan options will require full*