

## Exclusions (Continued)

will refund the premium received for the period of such service in the armed forces; (14) Obesity, weight program, weight treatment or surgery, dietary control or nutritional supplement; (15) Sterilization unless Medically Necessary or reversal or reconstruction of a sterilization procedure; (16) Sexual or reproductive dysfunction or inadequacies, unless necessary due to a Sickness or Injury occurring while insured under the policy; (17) Vision, speech, language or learning training or therapy unless necessary due to a Sickness or Injury occurring while insured under the policy; (18) Cosmetic or restorative treatment except for those expenses necessary to restore normal bodily function as a result of an Injury received or surgery performed while insured under this policy or that is provided under the Benefits section; (19) Charges for custodial care; respite care; rest care; or supportive care; (20) Charges for treatment or services due to Injury sustained while participating in any intercollegiate sport, contest or competition or while practicing, exercising, undergoing conditioning or physical preparation for any such sport, contest or competition; (21) Charges for foot conditions, including, but not limited to: Care of corns; bunions, except capsular or bone surgery; calluses; toenails; and foot supportive devices, including orthotics and corrective shoes; (22) Treatment of Mental Illness, emotional or functional Nervous Disorders without demonstrable organic disease unless otherwise provided under the policy; (23) Experimental or Investigational Treatments or surgery unless provided under the Benefits section; (24) Preventive treatment including, but not limited to, routine physical exams and immunizations, unless provided under the Benefits section; (25) Treatment, services or supplies to address: Smoking cessation; snoring or sleep disorders; the treatment or prevention of hair loss; change in skin pigmentation; or cognitive enhancement, except for treatment of Acquired Brain Injury as covered in the Benefits section of this policy; (26) Transplants, unless provided under the Benefits section. (27) Sickness or Injury eligible for benefits under worker's compensation, employers' liability or similar laws even when You do not file a claim for benefits; (28) Charges that are not for Medically Necessary reasons; (29) Charges in excess of the Reasonable and Customary Amount; (30) Any service or treatment rendered outside the territorial limits of the United States of America.

Underwritten By:  
Philadelphia American Life Insurance Company  
P.O. Box 4884  
Houston, TX 77210-4884



Form H-0240

## Short-term Medical Insurance A Practical Approach to Affordable Healthcare For Unexpected Illness or Injury



## CHOOSE THE PLAN THAT FITS YOUR NEEDS

- *Choice of four Deductibles.*
- *Two coinsurance options designed to fit your budget.*
- *Choose your own Doctor or Hospital without network restrictions or penalties*
- *For additional savings PHCS Network is available at no additional cost.*

BENEFITS LISTED IN THIS BROCHURE ARE A BRIEF DESCRIPTION OF THE BENEFITS PROVIDED UNDER THIS POLICY AND MAY VARY BY STATE. PLEASE REFER TO YOUR POLICY FOR DETAILS INCLUDING EXCLUSIONS WHICH ARE REPRESENTATIVE AND MAY NOT APPLY TO YOUR STATE.

## Short-term Medical. An Affordable Approach to Healthcare for Unexpected Illness or Injury



### Affordable Choice

Short-term Medical plans are affordable because they provide coverage options that make sense.

By purchasing a Short-term Medical plan you and your family only pays for coverage you need and can afford.

Coverage that will pay for Unexpected Illness or Injury without the more expensive options that cover you for preventive, routine care, mental health, conditions and maternity care. The plan will cover complications of pregnancy arising from pregnancy that begins after the effective date of coverage on the same basis as any other covered Sickness.

**POLICY MAXIMUM BENEFIT PER PERSON****\$ 250,000****Policy Deductible (per Covered Person - maximum of two deductibles per policy)**

- \$1,000       \$ 2,500  
 \$5,000       \$10,000

**Coinsurance Benefit per Person**

- 75/25% (out-of-pocket maximum is \$2,500 per person and \$5,000 maximum per policy)  
 50/50% (out-of-pocket maximum is \$5,000 per person and \$10,000 maximum per policy)

<b>BENEFIT SUMMARY</b>		<b>SUBJECT TO DEDUCTIBLE AND COINSURANCE</b>
Inpatient Hospital Benefits	Room, board and routine nursing services that are provided to all inpatients while confined in a semi-private room, ward, coronary care or other intensive care unit in a Hospital.	
Hospital Physician Services, Surgical and Anesthesia Services	Surgical services, anesthesia services and Physician service (not including Physicians office visits).	
Doctor Office Visits	\$30 Copayment; applies to 1st visit per Insured per Benefit Period; subject to an Office Visit Waiting Period of 30 days. Additional office visits thereafter per Insured per Benefit Period will be subject to any Deductible or Coinsurance under the policy without the application of a Copayment	
Outpatient Services	Services performed in a Hospital's outpatient department or in a Free-Standing Ambulatory Surgical Facility including Emergency room care	
Skilled Nursing Facility Care	Care in a Skilled Nursing Facility when the confinement is in lieu of acute hospitalization or when admitted to the Skilled Nursing Facility within 14 days after a Hospital confinement of at least 3 days for the same condition.	
Home Health Care	Home health care visits provided by a state licensed or Medicare certified home health agency. One visit consists of up to 4 hours of services provided within a 24-hr. period.	
Outpatient Physical Medicine Services	Physical, speech or occupational therapy; pulmonary or cardiac rehabilitation therapy; or adjustments and manipulations provided in the outpatient department of a Hospital, by a licensed or certified home health care agency or by a licensed therapist in Your home	
Ambulance	Ambulance service for one trip to the nearest Hospital that is able to treat the sickness or Injury. Maximum benefit for air ambulance services is \$1,000 per Benefit Period.	
Prescription Drugs	Drugs and medicines that are received on an outpatient basis, with written prescription of a Physician for treatment of a condition that is a Covered Expense under the policy and are dispensed by a licensed pharmacy.	
Complications of Pregnancy	Complications arising from pregnancy that begins after the Effective Date of coverage are covered on the same basis as any other covered Sickness	
Durable Medical Equipment and Supplies	Rental, up to the purchase price, or purchase of a non-electric wheelchair, basic hospital bed or crutches; the initial permanent basic artificial limb or eye; oxygen and the equipment needed to administer oxygen; casts, orthopedic braces, splints, dressings and sutures.	
X-ray, Radiation Therapy, Chemotherapy and Laboratory Charges.		
Blood Product Transfusions: Whole blood, Blood plasma and Blood products if not replaced.		

**Hospital Authorization Provision**

Authorization of a Hospital admission is mandatory. Failure to authorize will result in a penalty equal to \$1000 (\$500 Texas).

- If the admission is elective, notification is required at least 72 hours before the scheduled date and time of admission.
- If the admission is non-elective or due to an Emergency, notification is required within 48 hours after the date and time of admission.

All admissions will be reviewed for medical necessity by the Company or it's designate. All admissions not meeting the definition of Medically Necessary will not be authorized and may be denied payment.

**Specific Period**

You may select a specific period of coverage from 1 month to 12 months for your Short-term Medical plan. The coverage for the 12<sup>th</sup> month will end on the 364<sup>th</sup> day of the benefit period. Issue age is 0-64. The policy is not renewable. Coverage is in force only for the Benefit Period You selected and approved by Us as shown in the policy.

Short-term Medical is issued for a specific period of time. If your needs for coverage extend beyond this plan, you may apply for additional short term plans. This requires a new application and is not an extension of your current plan. Any illness or condition you develop while covered by your current plan would be considered "preexisting" when you apply for a new short term plan as such, will not be a covered expense.

Termination of this plan is not considered a qualifying life event for the purposes of enrolling in a metallic plan. Therefore, depending on your plans termination date, when your Short-term Medical plan expires, you may have a gap in insurance coverage until you can begin coverage with a new Short-term Medical or other health insurance.

**Not Minimum Essential Coverage**

If you insure yourself with a Short-term Medical plan instead of a metallic plan that meets the Affordable Care Act requirements, you may have to pay a tax penalty, depending on your income and the cost of available metallic plans.

**Notice To Applicants**

Your Effective Date will be assigned by the Home Office. Insurance Coverage is Not Effective Until the Coverage Applied for has been Accepted and Approved and Issued in Writing by Philadelphia American Life Insurance Company.

**Pre-Existing Condition**

Since Short-term Medical covers unexpected illnesses and injuries, it does not cover pre-existing conditions. While the definition of pre-existing conditions may vary by state, In general it means a condition for which medical treatment was rendered or recommended by a Physician or for which drugs or medicine was prescribed within 24 months prior to a Covered Person's Effective Date. If you have a pre-existing condition you need coverage for, you may want to purchase a metallic plan that includes health care reform benefits.

**Ten Day Free Look**

You have ten (10) days after receiving the policy to return it if you are not satisfied for any reason. You may return it to the company and receive a full refund of all premiums paid (application fees are not considered premium and are not refundable). Mail the policy with your written request for cancellation to us at our Home Office and we will promptly refund the premium paid and the insurance will be void.

**Exclusions**

The policy does not cover any of the following:  
(1) Suicide, attempted suicide or intentional self-inflicted Injury, whether sane or insane; (2) Wounds intentionally inflicted on self; (3) Engaging in any illegal occupation or act; (4) Services for the diagnosis or treatment of any employment-related accidental Injury or Sickness; (5) War or act of war (whether declared or undeclared) or participating in a riot; (6) Commission of, or attempt to commit a felony; (7) Services of a private duty nurse rendered during Hospital confinement; (8) All services related to the evaluation or treatment of fertility and/or infertility; (9) Dental x-ray or treatment except when necessary because of an Injury to sound natural teeth while insured under this policy and treatment is received while this policy is in force; (10) Pregnancy or childbirth; elective abortion or elective caesarean section except for Complications of Pregnancy as provided under the Benefits section; (11) Eyeglasses, contact lenses, hearing aids or the exam to determine the need; (12) Alcohol or drug addiction or any loss resulting directly or indirectly from the voluntary use of alcohol, drugs, narcotics, or hallucinogens unless taken on the advice of a Physician; (13) Injury sustained or Sickness which manifests itself while on full time duty in the armed forces. Upon notice, we