

Secure Lite STM Temporary Health Insurance Plan

Presented by

John K Arnold

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Secure*Lite* STM

Short Term Medical Insurance



THE AFFORDABLE HEALTHCARE SOLUTION FOR

- Those between health insurance plans
- Those in waiting periods for health coverage
- Recent students and college graduates
- Part-time and temporary workers
- Those who are unemployed or laid off

CONVENIENT FEATURES

- Coverage for 1–12 months*
- Single payment discount for 30-180 days
- Unlimited re-applies
- Freedom to choose any doctor or hospital

This product is only available via online quoting and enrollment.

*Coverage availability varies by state.

Insured by: Standard Security Life Insurance Company of New York Rated A- (Excellent) by A.M. Best Company
Administered by: Health Plan Administrators, Inc. (HPA)
Marketed by:

For information, quotes, application and issue please contact

John K Arnold Insurance, 5415 Lake Howell Rd # 325, Winter Park, FL 32792

Ph: 407-592-0311 Ph: 888-592-0311 Skype: john.k.arnold

Email: sales@temporary-health-insurance.net

Quotes, application and issue done right online at: Website: www.temporary-health-insurance.net

Secure Lite bro. 8-08 (rev. 3-09)

What is Secure *Lite* STM?

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

Secure *Lite* STM pays benefits for each covered person in the following manner (subject to specific benefit limits):

1. You are responsible for eligible expenses until the deductible is satisfied. Choose from four options: \$500, \$1,000, \$2,500 or \$5,000 (maximum of 3 deductibles per family)

2. For most covered services, SecureLite STM then pays 80% or 50% of the next \$10,000 of covered expenses

3. After this, SecureLite STM pays 100% of covered expenses up to your Coverage Period maximum of \$750,000*

*Certain conditions have limited maximum benefits; see "What medical expenses are covered?" and "What Services are not covered?" Refer to your coverage document for specific terms and conditions.

Who qualifies for Secure *Lite* STM?

Secure *Lite* STM is offered 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 answer "no" to the health questions on the application. Children age 19 and over should apply separately. Child-only coverage is available for ages 2 through 18.

What medical expenses are covered?

After satisfying the deductible amount you've selected, Secure *Lite* STM will pay the coinsurance you've selected for covered expenses, up to a maximum of \$750,000 per Insured person per Coverage Period.*

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

Doctors Office Visit: up to \$25 per visit up to four visits per coverage period. After the office visit, the balance of the charge 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: 3 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
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 trip

Organ Transplants: up to \$150,000 lifetime maximum

Acquired Immune Deficiency Syndrome (AIDS):

up to \$10,000 lifetime maximum***

Mammography, are covered subject to deductibles, coinsurance and any specific limits ****

Pap Smear and Screens (includes PSA) are covered subject to deductibles, coinsurance and any specific limits****

*Benefits for gall bladder surgery are limited to a \$2,500 per Coverage Period per insured person. Benefits for injury or disorders of the knees are limited to a \$2,500 per Coverage Period per insured person. Benefits may vary by state.

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

***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.

****Benefits are covered subject to coinsurance and any specific limits including outpatient or doctor's office miscellaneous limits.

Lab Card Select Discount Lab Services*

Take advantage of high-quality, low-cost laboratory testing (save up to 40%) by utilizing Lab Card Select. Simply visit a Lab Card Select provider or instruct your physician to send you lab work to a Lab Card Select provider. A complete list of Lab Card Select providers can be found at www.labcardselect.com (be sure to select "Lab Card Select" Network).

Private Health Care Systems (PHCS) PPO Network

In addition to your insurance plan, you'll also enjoy discounts provided through nationwide access to one of the premier PPOs through Private HealthCare Systems (PHCS). PHCS provides you with 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 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.*

*PHCS and Lab Card Select are not affiliated with the Standard Security Life Insurance Company of New York nor are they a part of the Secure 12x3 insurance plan.

Is there a pre-existing condition limitation?

Pre-existing conditions are not covered. This includes any condition or complication that was treated or produced symptoms five years prior to your Secure *Lite* STM effective date.

The pre-existing condition limitation may vary by state.

What is a Usual, Reasonable and Customary charge?

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

What are my Payment Options?

Choose from two convenient payment options.

- You can pay for coverage in **Monthly** payments for up to **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 cancel at any time with prior written notification to our Policy Service Department.

What are my Payment Options? (cont.)

• The **Single** payment option is ideal if you know the exact number of day's coverage is needed because this option has a **special reduced rate** and you only pay for the coverage you need in one **Single** payment. You can pay in full for any number of days, from a minimum of 30 days to a maximum of 180 days of coverage, by check, money order or credit card.

When does my coverage start?

Your coverage will begin as early as the day following the U.S. postmark stamp on your envelope. 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 Secure STM coverage last?

HPA's Secure^{Lite} STM is specifically designed to fill temporary insurance needs and coverage stops at the end of the period applied for. Depending on the payment option you select, Secure^{Lite} STM offers coverage for one to 12 months.*

Can I continue coverage?

If your need for temporary health insurance continues, you may apply for another Secure^{Lite} STM plan.* Your application is subject to eligibility, underwriting requirements and state availability of the coverage. The next coverage period is not continuous and any condition incurred during the last coverage period will be excluded as a pre-existing condition.

**Some states may restrict reapplication to another STM Coverage Period.*

When does coverage terminate?

Coverage ends when the premium is not paid when due; 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 of New York determines fraud or misrepresentation has been made in filing a claim for benefits; or a dependent ceases to be eligible; or you cease to be a member of the association* or the group master policy terminates.

**This applies to states where association membership is required.*

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.

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 Policy/Certificate of Insurance within 10 days and receive a premium refund.

Do I need precertification?

You must notify the pre-certification service 10 days prior to a non-emergency hospital admission or surgery and 48 hours (or as soon as reasonably possible) following an emergency admission to the hospital for pre-certification of admission. Failure to pre-certify will result in a benefit reduction of 50%. Pre-certification is not a guarantee of benefits.

What services are not covered?

The following is a partial list of services or charges not covered by Secure^{Lite} STM:

- Any services that are not medically necessary
- Eye exams, eyeglasses, hearing aids and 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 payable by Medicare or Worker's Compensation coverage
- 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 their possessions
- Services payable by Medicare or Worker's Compensation coverage
- 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 Policy/Certificate of Insurance for detailed information about these and other plan limitations and exclusions.

What is the 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.*

- **Coaches and Advocates:** For information on providers in your area, the latest consumer health reports and assistance with benefits.*
- **TelaDoc:** TelaDoc™ is a national network of board certified physicians providing cross coverage consultations 24 hours a day, 365 days a year.*
- **Discount Prescription Drug Card:** All members receive a FREE discount prescription drug card.*
- **Discounted Services:***
 - Remote PC access
 - Voicemail Transcription
 - Remote File Sharing Service
 - Remote Meeting
 - Remote Backup

**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 nor is it a part of the STM insurance plan. The enhancement series benefits are not insurance coverage. The benefits may vary by staff and exclusions may apply.*

Who is the Association?

Communicating for America, Inc.** (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 carrier?

The Secure Lite is insured by Standard Security Life Insurance Company of New York (Standard Security), a member of the IHC Group. Standard Security is rated A- (Excellent) by A.M. Best Company, a widely recognized rating agency that rates insurance companies on their relative financial strength and ability to meet their obligations to their insureds. Standard Security has chosen Health Plan Administrators, Inc. (HPA), also a member of the IHC Group, to provide service for your Secure Lite plan.

The IHC Group is an insurance organization comprised of Independence Holding Company (NYSE: IHC) and its operating subsidiaries. The IHC Group has been providing life, health and stop-loss insurance solutions for over 25 years.

For more information on Independence Holding Company and the IHC Group, visit www.ihcgroup.com.

1-800-277-3323

www.hpainsurance.com

This brochure provides a brief description of the benefits, exclusions and other provisions of the group policy Form SSL-STMP-1104 and individual policy SSL-ISTM-1104. For complete listing, see the Policy/Certificate of Insurance. Benefits may vary by state. Secure^{Lite} STM is not available in all states. Association membership may be required in some jurisdictions.

For more information including
Online quotes, application and issue

John K Arnold Insurance

5415 Lake Howell Rd #325

Winter Park, FL 32792

Ph: 407-592-0311

Ph: 888-592-0311

Skype: john.k.arnold

Website: www.temporary-health-insurance.net

Email: sales@temporary-health-insurance.net

Thanks for visiting

Please let me know how I can help you