Short Term Medical Plans

Comparison of Products' Feature and Benefits

Sl. No.	Plan Features	Connect Plus 180 day, 364 day plans	Connect STM 180 day, 364 day plans	Connect Value 180 day, 364 day plans	Remarks
1	**Physician office Visit - Copay**	$50 2 copays only for 180 days of coverage; 3 copays only for 364 days of coverage **After the copay, the balance of the doctor office visit charge is covered 100%** **Additional covered expenses incurred during office visit,** including expenses for laboratory and diagnostic tests will be subject to plan deductible and coinsurance.	$50 2 copays for 180 days of coverage; 3 copays for 180 to 364 days of coverage. **After the copay, the balance of the doctor office visit charge is covered 100%** **Additional covered expenses incurred during office visit,** including expenses for laboratory and diagnostic tests will be subject to plan deductible and coinsurance.	$50 2 copays only for 180 days of coverage; 3 copays only for 364 days of coverage **After the copay, the balance of the doctor office visit charge is covered 100%** **Additional covered expenses incurred during office visit,** including expenses for laboratory and diagnostic tests will be subject to plan deductible and coinsurance.	If a person has 180 days plan, and the doctor's office fees is $300, your copay is $50. The balance of $250 are picked by insurance. This typically 2 months of premium payment. For 180 days plans, there are two *copays only visits* to doctor, typically 90 days apart. So, and person can go twice in six months for price of $100.
2	**Deductible**	· $5,000 · $10,000	· $2,500 · $5,000 · $10,000	· $1,000 · $2,500 · $5,000	
3	**Coinsurance / Out-of-Pocket Max** *excluding* deductible	30% / $6,000 50% / $10,000	20% / $4,000 30% / $6,000 50% / $5,000 or $10,000	20% /$2,000 or $4,000 50% /$10,000	
4	**Pre-exiting Conditions coverage**	Primary insured: $25,000 Covered Spouse: $25,000 Covered Children: $25,000	Not covered	Not covered	

		After this maximum is reached, expenses due to pre-existing conditions are not covered.			
5	**Maximum Benefit**	$2,000,000	$2,000,000	$1,000,000	
Sl. No	**Covered Expenses**	**Connect Plus**	**Connect STM**	**Connect Value**	**Remarks**
6	Hospital room, board, and general nursing, including prescription drugs administered while hospital confined.	The amount billed for a semi-private room, or 90% of the private room billed amount.	The amount billed for a semi-private room, or 90% of the private room billed amount , only if semi-private room is not offered.	The amount billed for a semi-private room, or 90% of the private room billed amount, not to exceed $1,000 per day, only for semi-private is not offered.	
8	Intensive Care Unit, including prescription drugs administered while in hospital confinement.	Three times the amount billed for semi-private room or three times 90% of the private room billed.	Three times the amount billed for semi-private room or three times 90% of the private room billed.	Three times the amount billed for a semi-private room, or 90% of the private room billed amount, not to exceed $12,500 per day.	
9	Surgeon's services	Deductible and coinsurance	Deductible and coinsurance	Deductible and coinsurance	
10	Anesthesiologist	Not to exceed 20% of the primary surgeon’s benefits	Not to exceed 20% of the primary surgeon’s benefits	Not to exceed 20% of the primary surgeon’s benefits	
11	Inpatient doctor visits	Deductible and coinsurance, up to $500 per visit	Deductible and coinsurance, up to $500 per visit	Deductible and coinsurance, up to $500 per visit	
12	Outpatient hospital surgery or ambulatory surgical center	Deductible and coinsurance, Up to $2,500 per surgery	Deductible and coinsurance, Up to $2,500 per surgery	Deductible and coinsurance, Up to $2,500 per surgery	
13	Ground ambulance services	Not to exceed $500 per occurrence	Not to exceed $500 per occurrence	Not to exceed $500 per occurrence	
14	Organ, tissue or Bone marrow transplants	Not to exceed $150,000 per coverage period	Not to exceed $150,000 per coverage period	Not to exceed $150,000 per coverage period	
15	Acquired Immune Deficiency Syndrome (AIDS)	Not to exceed $10,000 per coverage period	Not to exceed $10,000 per coverage period	Not to exceed $10,000 per coverage period	
16	Blood or blood plasma and their	Deductible and coinsurance	Deductible and coinsurance	Deductible and coinsurance	

	administration, if not replaced				
17	Air ambulance	Not to exceed $1,000 per occurrence	Not to exceed $1,000 per occurrence	Not to exceed $1,000 per occurrence	
18	Oxygen, casts, non-dental splints, crutches, non-orthodontic braces, radiation and chemo and equipment rental.	Deductible and coinsurance	Deductible and coinsurance	Deductible and coinsurance	
Sl. No.	Covered Expenses	Connect Plus	Connect STM	Connect Value	
19	Emergency Room Treatment	Up to $500 per day, including the emergency room Doctor charge and 24 hours observation	Up to $500 per day, including the emergency room Doctor charge and 24 hours observation	Up to $500 per day, including the emergency room Doctor charge and 24 hours observation	
20	Surgeon Services, in hospital or ambulatory surgical center	Up to $2,500 per surgery	Up to $2,500 per surgery	Up to $2,500 per surgery	
21	Surgeon's assistant services	Not to exceed 15% of primary surgeon's covered charges.	Not to exceed 15% of primary surgeon's covered charges.	Not to exceed 15% of primary surgeon's covered charges.	
23	Duration of policy	180 days, 364 days	180 days, 364 days	180 days, 364 days	

NOTES

Renewability and Continuity: All plans are on ***month-to-month***. Duration of plans ; 90, 180, or 364 days, is month-to-month commitment for that duration. One can cancel the policy by just calling or sending an email to Loomis, the servicers for The IHC. After the committed plan duration, the policy expires and is not auto-renewable. One has to sign up again for new plan. For making sure that there is continuity, one can sign up 60 days in advance. This way, risk of losing policy is reduced for fear of losing coverage.

Office Visit Copay: This is what you pay upfront at the reception of doctor's office and present your IHC Short Term Medical insurance card. Must make sure the doctor's office accepts it and bills to insurance company. Depending on the plan, the number of copay visits are defined for a duration(s) or for

the duration of the plan. If making more than authorized copay visits to doctor's office, you pay for the visit at the rate contract rate of the doctor with the insurance company if doctor is in its PPO. [Preferred Physician Organization].

Deductible:

- Individual: The selected deductible amount must be paid by the insured person before the plan benefit begins. The deductible applies per covered person, per covered period. To be risk averse, use choice of least deductible amount for the plan, though the premium will be higher.

- **Family:** When three covered persons in a family each satisfy their deductible, the deductibles for any remaining covered family members are considered satisfied for the remainder of the coverage period. For all three plans, there is no family deductible.

Coinsurance percentage and Out-of-Pocket maximum

- After the deductible maximum amount has been met, you pay the selected coinsurance percentage of covered expenses until the out-of-pocket maximum that you selected has been reached.

- ***The out-of-pocket maximum amount is specific to expenses applied to the coinsurance percentage*.** it does not include covered expenses applied to the deductible, precertification penalty amounts, or expenses not covered under the policy.

- Once the deductible and Out-of-Pocket maximum amount has been satisfied, additional covered expenses within the coverage period are paid to by insurance at 100 percent, not to exceed the covered period maximum benefit amount. Benefits maximums to certain items may also apply. Please read your policy.

Age Eligibility

- Primary applicant: age 18 to 64
- Spouse: age 18 to 64
- Dependent Children: up to age 26
- Child only plan: age 2 to 18

Restriction of Benefits on Pre-existing Condition : A general statement

A pre-existing condition is defined as any medical condition or sickness for which medical advice, care, diagnosis, treatment, consultation or medication was recommended or received from a doctor within five years** immediately preceding the covered persons' effective date of coverage; or symptoms within the five years** ***immediately prior to the coverage that would cause a reasonable person to seek diagnosis, care or treatment will not be a covered benefit.*** Consultation means evaluation, diagnosis, or medical advice was given with or without the necessity of a personal examination or visit.

** **The time restriction for pre-existing condition is based on State you reside in.** Currently, plans offered for:

- **Florida** and **Texas** has time restriction for 24 months. However, **Connect Plus** plan is available for limited coverage of benefits for pre-existing condition to cap at $25,000 per coverage period of the plan.
- **Virginia** has restriction for 12 months. However, no plan is currently available to cover for benefits of pre-existing condition.

Renewability and Continuity: STM is not renewable. The next coverage period is not in continuation of the previous period; it is the new plan with a new deductible, coinsurance, and pre-existing condition limitations. However, one can purchase next plan policy 60 days in advance to ensure continuity.

Exclusions: Note exclusions to the benefits in the brochure for the plan.

Precertification

- Precertification is required prior to each inpatient confinement for injury or illness and outpatient chemotherapy or radiation treatment, at least seven days prior to receiving treatment.
- Emergency inpatient confinements must be pre-certified within 48 hours following the admission, or as soon as reasonably possible.
- Precertification may also be conducted for a continued stay review for an ongoing inpatient confinement.
- Benefits are not paid for days of inpatient confinement which extend beyond the number of days deemed medically necessary. Failure to complete precertification will result in a benefit reduction of 50 percent which would have otherwise been paid unless the covered person is incapacitated and unable to contact the administrator.

Precertification must be obtained from Loomis customer service by notifying them with medical documentation that hospitalization is required. When precertification cannot be obtained due to emergent circumstances, have the hospital staff call the claims department of the insurance company. Typically, the hospitals staff assists with insurance when they take patient's information for admission. Disclosure of insurance to hospital staff protects the patient upfront.

Hospital Confinement

Confinement means the time in which a covered person is a registered bed patient in a hospital on the order of a physician for medically necessary medical treatment. Confinement in a special unit of a hospital used primarily as a nursing, rest, or convalescent home shall be deemed to be confinement in an institution other than a hospital.

Utilize a network provider and save

With your short-term medical plan, you have the freedom to choose any provider. In certain markets, you also have access to discounted medical services through national preferred provider organizations (PPOs). These network providers have agreed to negotiated prices for their services

and supplies. At the time of service, simply present your identification card, which will include the network information needed for the provider to correctly process covered billed charges. If this provider discount is not available, then benefits are paid at the usual, reasonable and customary charge.

Customizable Plans

Specific to each State, and specific to Zip Code, plan are customizable on following elements:

- Date of Birth
- Tobacco user or not.
- Adding family members
- Select from choices of: deductible, coinsurance, duration, out-of-pocket max.
- It is important that if the customer is aware that if he/she has pre-existing condition, there is only one plan, Connect Plus that covers limited risk.
- There are a number of add-on choices available within STM application to make wholesome choices for Dental, Hospital and surgical indemnities, Hospital Indemnity or Care Access Plan, Metal Gap 2, Pharmacy Rx Pay Card, and Telemedicine, etc.