

Short Term



An interim health insurance plan for individuals who are:

- Between jobs
- Temporarily laid off
- Waiting for group coverage
- Seasonally employed

Life is Unpredictable . . .

You never know what will happen next year, next week or even tomorrow. That is why health insurance is so important — even for a short period of time. If you were to suffer from a serious illness or injury while between jobs or waiting for group coverage, the medical costs could be enormous, and it could mean financial hardship for you and your family. To help prepare against these unexpected losses, you need the kind of short-term protection that American Community provides.

Short Term is an interim health insurance plan designed for individuals who are between permanent health plans.

Eligibility

You are eligible for this plan if:

- You are under 64 years of age and you are not covered under any other medical expense plan
- You or any dependent are not pregnant
- You, and any dependent applying for coverage, have lived in the United States, Australia, Canada, England, Ireland, New Zealand or Scotland during the last 12 months, and
- You have not been declined for insurance due to health reasons

You may also obtain coverage for your spouse and unmarried dependent children (age 15 days through 21 years). Dependent children age 18-21 will pay the premium for an adult age 18.

This policy can be issued to a minor child without a parent's coverage. Youngest child on the policy is the primary insured; use youngest adult male rate. Use the child rate for additional children.

NOTICE: If you had prior health coverage for at least 18 months and the most recent coverage was group coverage, the purchase of this plan may make you ineligible to buy an individual health policy that is not medically underwritten. The federal Health Insurance Portability and Accountability Act (HIPAA), and similar state laws, give you the right to obtain such policy from a health insurance company or a state sponsored plan. Ask your agent for more information.

Effective Date

If you meet all of the eligibility conditions for the plan, your coverage will become effective at 12:01 AM the day after your application envelope is postmarked or the day you request, whichever is later.

If the postmark is missing or not legible, the effective date will be (a) the date the application was received in our office in Livonia, Michigan; or (b) the day you request, whichever is later.

No policy will have an effective date of the 29th, 30th or 31st. The first day of the following month will be used.

Billing Options

- Single Payment
- Monthly (billings included with policy)
- EFT

PLAN OPTIONS

Length of Coverage: 1, 2, 3, 4, 5 or 6 months

Deductible: \$250, \$500, \$1,000 or \$2,500

Benefit Percentage: 80/20 of \$5,000 or 50/50 of \$5,000

Deductible is per person, per term of insurance.
Three person family maximum.

How the Short Term Plan Works

First you pay your chosen deductible, then American Community pays 80% or 50% of the next \$5,000 of allowed charges. After that, American Community pays 100% of allowed charges for the remainder of the policy term or the \$2,000,000 plan maximum.

Inpatient and Outpatient Plan Highlights

COVERED HOSPITAL CHARGES

Your policy will provide a complete list of covered charges, limitations and exclusions.

- Hospital room and board
- Intensive care
- Surgery
- Anesthesia
- Emergency room services
- Physician visits
- Miscellaneous diagnostic services and medical supplies
- Nursing care
- Prescription drugs while confined
- Organ transplants, as provided in the policy

COVERED OUTPATIENT CHARGES

- Pre-admission testing
- Ambulance
- Surgery and anesthesia
- Second surgical opinion
- Physician services
- Mammogram
- Physical, occupational and speech therapies (\$1,000 per term)
- X-ray and lab tests
- Chemotherapy
- Hospital-type equipment for kidney dialysis
- Radiation treatment
- Oxygen, blood and plasma
- Durable medical equipment
- Skilled nursing facility (\$75/day, 30 days per term)
- Home health care (\$75/visit, 30 visits per term)
- Complications of pregnancy
- Well child care (\$500 for 1st year of life, \$150 per term for 2nd-9th years of life)
- Cytologic screening

OTHER PLAN HIGHLIGHTS

- Freedom to choose your own hospitals and physicians
- Discounts off prescription drugs
- Extension of benefits after the policy ends (see policy for details)
- \$10,000 Accidental Death Benefit for you or your spouse only, including dismemberment and loss of sight

Applying for Coverage

1. Complete, sign and date the enclosed application (the parent/ guardian must sign for children under age 18). If any family member is pregnant, do not submit the application.
2. Children-only plans — dependent children age 18-21 years must submit a separate Short Term application than dependent children ages 15 days through 17 years.
3. Calculate your premium (use age at last birthday). Refer to premium calculation instructions on application.
4. Print the applicant's name on the ID card (attached) and leave it with the applicant. This temporary ID card does NOT guarantee coverage. A permanent ID card will be issued with the policy.
5. Mail the application and minimum one month's premium immediately to the Home Office in the attached self-addressed Short Term new business envelope.
6. The policy will be mailed to the applicant.

To apply online, please contact your American Community agent or our National Sales Office at (800) 991-2642 ext. 4717.

IMPORTANT INFORMATION

This is a **NON-RENEWABLE** plan. This plan is not intended to be of a permanent nature, therefore, it may not be issued for consecutive periods to the same individual unless the temporary need continues. Short Term policies can be written in any combination of terms so long as the total period of coverage does not exceed 12 consecutive months.

MONEY BACK GUARANTEE

During the first 10 days after you receive the policy, you may cancel it by returning it to us with a written request. If you do, then we will refund any premium paid and treat the policy as if it were never issued.

After you have had your policy 10 days, you may cancel it with a written request to us. The cancellation will be effective on the date we receive your request OR the date you specify, whichever is later. We will refund to you the prorated unearned premium. The cancellation will be without prejudice to any claim originating prior to the cancellation date.

PRE-EXISTING CONDITION DEFINITION

Pre-Existing Condition means a sickness or injury that was diagnosed or treated by a licensed physician within 5 years prior to the effective date, or produced symptoms within 5 years prior to the effective date, that would have caused an ordinarily prudent person to seek medical diagnosis or treatment.

Any condition which may have occurred under a prior policy will be treated as a pre-existing condition under a subsequent policy.

SHORT TERM PLAN EXCLUSIONS

We will pay no benefit for charges due to any of the following: Pre-existing conditions; Charges for treatment by a physician which is not within the scope of his or her license; Charges which a family member is not legally obligated to pay; Charges which would not have been made if no insurance existed; Charges incurred for disability claimed while a family member is not under the direct care of a physician; Pregnancy, except complications to a pregnancy; Treatment for mental or nervous disorders; Treatment for substance abuse, including alcoholism; Expenses related to an injury sustained while the family member is participating in sporting events for prize money, or other type of compensation; Any expenses incurred outside of the United States; Injury received while committing, or attempting to commit, a felony; Participation in a riot or insurrection; Suicide or attempted suicide, while sane or insane, or intentionally self-inflicted injury; War or any act of war, whether or not declared; Charges in excess of the usual, customary and reasonable charges for services and supplies; Medications, drugs and injections when the family member is not confined in a hospital or skilled nursing facility; Travel or lodging expenses; Services available in the community through educational or school programs; Services performed by volunteers, a family member, a family member's employer, or a resident in the insured's household; Any care given by or through any government or international authority unless the family member is legally required to pay the charges; Any sickness or injury contracted while a member of the military of any country; Expenses related to a sickness or injury to the extent they are covered under any automobile insurance; Sickness or injury covered by Worker's Compensation Insurance or similar laws; Covered charges which qualify for reimbursement under Medicare or which would have qualified under Medicare had the family member elected all the coverage and applied for benefits for which they were at any time eligible for under Medicare; Expenses related to the diagnosis and/or treatment of infertility or fertilization procedures; Contraceptives, contraceptive methods or aids including emergency contraceptive kits, sterilization or the reversal of sterilization, voluntary abortion by any means, complications from abortion or attempted abortion; Care of a well newborn child; Vitamins, herbals, botanicals and food supplements; Food, special foods or diets; Preventive care except for charges for routine mammograms and cytologic screening; The costs of storing, typing, or screening of autologous blood donations; Genetic testing, counseling and services; Inoculations or prophylactic drugs for travel; Allergy testing and allergy treatment including



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(800) 991-2642 (734) 591-9000 (734) 591-4628 Fax
www.american-community.com

TEMPORARY IDENTIFICATION CARD

COVERAGE: Short Term Major Medical Expense Plan

Name: (Please Print)

See Reverse Side

SHORT TERM PLAN EXCLUSIONS (cont.)

injections; Treatment and testing of sleep disorders; Maintenance, custodial care or homemaker services; Services or supplies for personal comfort or convenience; Non-medical expenses even if recommended by a physician; Expenses related to treatment, diagnosis, or care provided over the Internet or via electronic mail; Cosmetic treatment, or complications of cosmetic treatment; Treatment of "quality of life" or "lifestyle" concerns including but not limited to eating disorders, smoking cessation, exercise programs or equipment, hair loss, sexual function, dysfunction, inadequacy or desire; Treatment for hair restoration or removal; Treatment of acne; Treatment or removal of nevi, keratoses, skin tags, or warts; Growth treatment, medication or hormones; Charges for the treatment of obesity, weight loss, and diastasis recti repair; Gender reassignment or charges due to complications of gender reassignment; Charges which are not medically necessary to the care and treatment of a sickness, injury or condition, or which are: (a) illegal; or (b) experimental, investigational, unproven and/or for research; Tests, examinations, or other procedures performed in preparation of, or in follow-up to, any test, procedure or treatment that is experimental, investigational, unproven and/or for research; Performance of physical examinations for the verification of health status for a third party that is not related to the provision of care; Court-ordered examinations to determine competence and expenses of expert witness testimony as to the mental condition of a family member; Court-ordered treatment for chemical dependency or mental condition; Expenses related to hypnosis, including its use in place of anesthesia; Vision-related surgery or services; Hearing aids and their fittings; Treatment or removal of tonsils, adenoids, or myringotomy except in an emergency; Dental treatment or supplies except as provided for accidental injury; Examination, diagnosis, appliances or treatment of malocclusion, misalignment of the jaw or temporomandibular joint dysfunction or any other jaw disorder, deformity or defect; Charges for out-of-hospital, non-surgical services or treatments as the result of or related to distortion, misalignment or subluxation in the vertebral column; Transplants, except as provided in the policy; Foot care in connection with corns, calluses, toenails, flat feet, fallen arches, weak feet, or chronic foot strain; Shoes, shoe accessories, and orthotics; Evaluations, services or treatments for developmental, educational, social, attitudinal, or disciplinary conditions or learning disabilities or disorders; Care, services, procedures or supplies that are cognitive in nature; Expenses related to nicotine addiction, caffeine addiction and non-chemical addictions, including but not limited to gambling, sexual, spending, shopping, working and religious; Expenses related to any loss sustained or contracted as a consequence of a family member being intoxicated or under the influence of any non-prescribed controlled substance or narcotic unless administered under/on the advice of a physician; Charges for which benefits are not provided in the policy.

**For more information, please contact
American Community at (800) 991-2642.**

If eligible, the individual shown on the reverse side of this card, and dependents listed on the application, are entitled to the benefits stated in the policy, providing it is currently in force.

You must call American Community to confirm eligibility before accepting this card. American Community will accept collect telephone calls from any hospital concerning benefit levels. When contacting the company please furnish the following information:

1. Patient's Name;
2. Date Admitted;
3. Diagnosis

Mail correspondence to: American Community Mutual
Insurance Company
39201 Seven Mile Rd.
Livonia, Michigan 48152-1094
(800) 991-2642

To help us process your application as quickly as possible, please:

1. Fill out the application form completely, both sides, using black ink. Be sure to sign and date it.
2. Make your check payable to: American Community Mutual Insurance Company, or complete the Authorization for Credit Card Payment section of the application.
3. If paying by electronic funds transfer, complete the Authorization Agreement section of the application and include a voided check. Please submit a check or credit card payment authorization for your first month's premium.

Enclose all paperwork and check in this envelope, seal, stamp and mail.

Thank you for your business!

American Community Mutual Insurance Company
People who care. Policies that protect.®