

## What is Select STM?

Just because you don't have health insurance right now doesn't mean you won't have health problems. Select STM allows you and your family to purchase high quality, affordable medical coverage on a temporary basis. Coverage is provided for physician services, surgery, out-patient and inpatient care.

### How are benefits covered?

Select STM pays benefits for each covered person in the following manner:

**First, you meet your deductible.** Choose from four options: \$250, \$500, \$1,000 or \$2,500\*

**Then Select STM pays 80% or 50%** of the next \$5,000 of covered expenses

**After this, Select STM pays 100%** of covered expenses up to your lifetime maximum of \$2 million

\* There is a maximum requirement of three (3) deductibles per family.

### Who is eligible to apply for Select STM?

You and your spouse under age 65 (and not eligible for Medicare) and you and your spouse's unmarried dependent children under age 19 (or under age 25 if a full-time student) who have a social security number and can answer "No" to the seven health questions on the application. Children age 19 and over should apply separately. Child-only coverage is available for ages 2 through 18 (see the Monthly Rates chart for instructions).

### Satisfaction guarantee

If you are not completely satisfied with this plan, and you have not filed a claim, you may return the Certificate of Insurance within 30 days and receive a premium refund.



### About the UCSA Discount Plus Card

The United Consumers Savings Association provides members with numerous quality benefits that include money saving discounts for: Retail cost of prescription drugs; Dental services; Eye and vision care; Chiropractic services; Vitamin & Nutritional supplements; 24 Hour Nurse Help Line; Accudiet.com, an on-line interactive exercise and diet program; National Health Survey, discounts for Health & Lifestyle Assessment.

*(This optional program is not affiliated with Fairmont Premier Insurance Company/Fairmont Specialty Insurance Company, nor is it part of the Select STM insurance plan.)*

### Limitations and exclusions continued:

vascular disease or an Injury sustained while coverage is in force; • Acne or varicose veins; • Weight loss programs, diets, or treatment for obesity; • Transportation charges, except as specifically covered; • Rehabilitation, Rest cures, extended care facility, nursing home, Skilled Nursing Facility, or home for the aged, unless specifically covered; • Personal comfort or convenience services, except as specifically covered; • Services or supplies furnished or provided by a member of your Immediate Family; • Sleep disorders; • Participation in skydiving, scuba diving, hang or ultra light gliding, riding an all terrain vehicle, dirt bike, snowmobile or go-cart, racing with a motorcycle, boat, aircraft, any participation in sports for pay or profit, or participation in rodeo contests; • Noninvasive osteogenesis stimulator (bone stimulator); • Exercise cycles, air or water purifiers, air conditioners, allergenic mattresses, or blood pressure kits; • Surgery during the first six (6) months after the Effective Date of coverage for a total or partial hysterectomy, unless it is Medically Necessary due to a diagnosis of carcinoma (subject to all other coverage provisions, including but not limited to, the Pre-existing Conditions exclusion); tonsillectomy; adenoidectomy; repair of deviated nasal septum or any type of surgery involving the sinus; myringotomy; tympanotomy; herniorrhaphy; or cholecystectomies. • Medical treatment, services or supplies outside of the United States or it s possessions. • Participating in interscholastic, Intercollegiate or Organized Competitive Sports.

Detailed information about these and other plan limitations and exclusions are listed in the Policy / Certificate of Insurance and may vary by state.

## 1-800-277-3323

### About HPA

HPA is a fully licensed, full-service Third Party Administrator transacting business worldwide. Established in 1939, HPA is a third generation company providing state of the art industry leading insurance services, including customer service, claims payment, billing and reporting.

[www.hpa-inc.com](http://www.hpa-inc.com) 1-800-277-3323

This brochure provides a brief description of the benefits, limitations, exclusions and other provisions of the Short Term Medical Policy, Form AH27286 (or state variation) underwritten by Fairmont Premier Insurance Company/Fairmont Specialty Insurance Company, Benefits, benefit amounts, limitations, exclusions, and availability may vary by state. For complete details, read your coverage document immediately upon receipt.

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12/05



## The Competitor Select STM

Select Temporary Medical Insurance

### THE PERFECT SOLUTION FOR

- Those between health insurance plans
- College students and graduates
- Part-time or temporary employees
- Those unemployed or laid-off

### SPECIAL FEATURES

- \*Coverage for 1-6 or 12 months
- Choose any doctor or hospital
- Convenient payment options
- \$2 million lifetime maximum per certificate

\* (12 Month Plan not available in all states)

Insured by: Fairmont Premier Insurance Company/Fairmont Specialty Insurance Company

Administered by: Health Plan Administrators, Inc., Rockford, IL

Marketed by:

## What medical expenses are covered?

After satisfying the deductible amount you have selected, Select STM will pay the coinsurance you selected for covered expenses, up to a lifetime maximum of \$2,000,000 per policy period. Precertification is required prior to inpatient hospitalizations or surgery.

**Hospital Charges:** average semi-private room rate, medical care and treatment

**Surgery in a Hospital or Ambulatory Surgical Center**

**Physician Services** for diagnosis, treatment and surgery

**Intensive Care:** up to three times the average semi-private room rate

**Skilled Nursing Facility:** up to \$30 per day for 30 days

**X-Ray Exams, Laboratory tests and analyses**

**X-Ray and Radioactive** isotope therapy, anesthesia, oxygen, casts, splints, crutches, braces, surgical dressings, artificial limbs or eyes, rental of medical supplies

**Blood** or blood plasma and their administration

**Ambulance Services:** \$250 per emergency

**Organ Transplants\*:** \$50,000 lifetime maximum

**Acquired Immune Deficiency Syndrome (AIDS)\*:** \$10,000 lifetime maximum

**Home Health Care:** up to 40 visits

**Hospice Care:** up to \$5,000

**Spinal Manipulation/Adjustment\*:** up to \$1,000

**Mammography, pap smear and screens**

**Gallbladder Surgery:** up to a \$2,500 lifetime maximum

**Knee injury or disorder:** up to a \$2,500 lifetime maximum for both left and right knees

*\*Benefits vary by state. Refer to your coverage document for specific terms and conditions.*

*The benefit amount shown is the lifetime maximum per covered individual per policy period.*

## What is a usual, reasonable and customary charge?

A “usual, reasonable and customary charge” is the charge typically made by physicians or suppliers of medical services, medicines and supplies within a specific geographic area.

## Do I need precertification?

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.

## 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 Select STM coverage last?

HPA's Select 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, Select STM offers coverage for one to six months or even a full 12 months.\*

## What are my payment options?

You can pay by check, money order, credit card or automatic bank withdrawal in easy **monthly** payments for up to 6 or 12 months\* of coverage. Receive a special reduced rate when you select the 1–6 Months of Coverage and make **payment in full** for 1, 2, 3, 4, 5 or 6 months.

If the 1–12 Months of Coverage payment option is selected and your need for insurance ends before the coverage period ends, you can stop your coverage by not making your monthly payment.

*\* (The 12 Month Coverage Option is not available in all states)*

## Coverage Termination

Coverage ends when: the premium is not paid when due; you enter full-time active duty in the Armed Forces; you become eligible for Medicare; the policy terminates; the elected coverage period expires; The Insurance Company determines fraud or misrepresentation has been made in filing a claim for benefits; or a dependent ceases to be eligible.

## Can I continue coverage?

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

## 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 Select STM effective date.

*The pre-existing condition limitation may vary by state.*

## What are the plans limitations and exclusions?

The Select STM will not pay for expenses for diagnosis, treatment or supplies resulting from any the following:

- Expenses incurred prior to the Effective Date of a Covered Person's coverage or incurred after the Expiration Date, regardless of when the condition originated, except in accordance with the Extension of Benefits provision;
- Complications resulting conditions which are not covered;
- Experimental or Investigative services;
- Determined to be educational;
- Amounts in excess of the Usual, Reasonable and Customary charges;
- Expenses you are not required to pay;
- Payable under group insurance or medical prepayment plan;
- Eligible for payment by Medicare charges or any other government program except Medicaid;
- Care in government institutions unless you are obligated to pay for such care;
- Benefits are received under workers' compensation or employers' liability laws;
- Medical expenses payable under any automobile insurance policy (does not apply in any state where prohibited);
- Charges while on active duty in the armed forces; Declared or undeclared war;
- While engaging in an illegal act or occupation or during the commission of a felony or assault;
- Normal pregnancy or childbirth;
- Newborn Covered Dependant child not yet discharged from the Hospital, except as specifically covered;
- Termination of normal pregnancy, normal childbirth or elective cesarean section;
- Conceptions;
- Infertility;
- Sterilization;
- Sex transformation, dysfunction or inadequacies;
- Physical exams or services not medically necessary, unless specifically covered;
- Prophylactic surgery or diagnostic testing, except as specifically covered;
- Mental Illness or Nervous Disorders, including but not limited to neurosis, psychoneurosis, psychopathy, psychosis, attention deficit disorder, autism, or hyperactivity or any emotional or mental disease or disorder, unless specifically covered;
- Alcoholism or abuse, chemical dependency, substance abuse or drug addiction, unless specifically covered;
- Any Injury or Sickness occurring while intoxicated or under the influence of illegal drugs or hallucinogenics, except as specifically covered;
- Tobacco use cessation;
- Suicide or attempted suicide or intentionally self-inflicted Injury, whether while sane or insane (only while sane in Missouri);
- Dental care, except as specifically covered;
- Jaw joint problems including but not limited to temporomandibular joint dysfunction (TMJ), craniomandibular disorders or myofascial pain;
- Eye care or exams, eyeglasses, contact lenses, treatment of cataracts, radial keratotomy or correction of refractive error;
- Hearing exams or hearing aids;
- Cosmetic procedures, except as specifically covered;
- Breast reduction or augmentation and complications thereof;
- Out-patient Prescription or Legend Drugs, vitamins, minerals or food supplements;
- Hair loss;
- Any foot care, unless for the treatment of a metabolic or peripheral vascular disease or an Injury sus-