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*presents*

## **The American Select Short Term Major Medical Plan**

**\$2,000,000 Maximum Benefit**

*Association Group Major Medical Insurance*

### **The Perfect Solution For:**

- College Students/New Grads
- Part-Time/Temporary Employees
- Anyone Between Jobs/COBRA
- New Employee Waiting Period
- Dependent Child Coverage
- Anyone Waiting To Be Covered By Other Insurance

### **Affordable Benefit Features:**

- Choice of Any Physician or Hospital
- Coverage Period up to 12 Months
- Convenient Monthly Payment Option, or SAVE 20% with Prepayment Option of 6, 9 or 12 Months



# The American Select Short Term Major Medical Plan For Individuals And Their Families

## Use the Physicians, Hospitals or Other Providers of Your Choice

The Policy Will Pay 100% of Covered Expenses up to the \$2,000,000 Benefit Period Maximum After You Have Met Your Out-Of-Pocket Expenses<sup>(1)</sup>

SHORT TERM MAJOR MEDICAL PLAN							
Choose Your Benefit Period Deductible	<input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> \$1000 <input type="checkbox"/> \$2500 <input type="checkbox"/> \$5000						
Then Choose Your Coinsurance. Coinsurance Maximum does not include benefit period deductibles, service deductibles or non-covered expenses.	<table border="0"> <tr> <td style="text-align: center;"><u>Coinsurance</u></td> <td style="text-align: center;"><u>Coinsurance Maximum</u></td> </tr> <tr> <td><input type="checkbox"/> 80/20%-\$5,000 .....</td> <td>\$1000</td> </tr> <tr> <td><input type="checkbox"/> 50/50%-\$5,000 .....</td> <td>\$2500</td> </tr> </table>	<u>Coinsurance</u>	<u>Coinsurance Maximum</u>	<input type="checkbox"/> 80/20%-\$5,000 .....	\$1000	<input type="checkbox"/> 50/50%-\$5,000 .....	\$2500
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Physician Office Visit	Subject to benefit period deductible and coinsurance						
Outpatient Prescription Drug Coverage <sup>(2)</sup>	Subject to benefit period deductible and coinsurance						
Hospital Emergency Room Service Deductible <sup>(3)</sup> (per occurrence)	\$50 (waived if admitted as an inpatient following emergency room visit)						
Outpatient MRI, Cat Scan and Nuclear Imaging Service Deductible <sup>(3)</sup> (per test)	\$100						

(1) Out-of-pocket expenses include any applicable deductibles, coinsurance, amounts in excess of usual, reasonable and customary charges and non-covered expenses.

(2) Outpatient prescription drugs are subject to a \$10,000 per person benefit period maximum.

(3) Service deductible is in addition to the chosen benefit period deductible/coinsurance and does not apply to the benefit period deductible.

## PLAN BENEFITS AND FEATURES

**Plan Benefits are subject to applicable benefit period deductible, coinsurance and/or service deductible(s).**

- Ambulance Service (\$1000 for ground or water, \$5000 for air max. per occurrence)
- Ambulatory Surgical Centers
- Anesthetics and their Administration
- Chemotherapy and Radiation Therapy
- Dental Treatment as a result of a covered injury to sound natural teeth
- Dressings, Sutures, Casts, Splints, Trusses, Crutches
- Emergency Treatment received outside the U.S.
- Home Health Care – up to 40 visits per benefit period
- Hospital Daily Room and Board (semi-private room rate)
- Hospital Inpatient Miscellaneous Medical Services and Supplies
- Hospital Outpatient Services
- Intensive Care

- Mammograms–Females: One baseline ages 35-39 and one every year for ages 40 and older
- Organ Transplants or Replacements
- Oxygen and other Gases
- Pap Smear–One screening per benefit period including the physician's office visit
- Physical, Respiratory and Speech Therapy for Rehabilitative Treatment
- Physician Charges
- Rental of durable medical equipment
- Skilled Nursing Facility for convalescent care
- Spinal Manipulation and Other Manipulative Therapy-15 visits per benefit period maximum
- X-rays, Laboratory Tests, and Other Diagnostic Tests

*Plan benefits may be subject to exclusions, limitations and maximum benefits and may vary by state. Complete description of benefits is contained in the Master Policy and outlined in the certificate.*

## Exclusions & Limitations

Except as specifically provided for in the policy or mandated by law, the policy does not cover:

preexisting conditions • expenses incurred before the effective date • expenses incurred after coverage under the policy terminates, regardless of when the condition originated • expenses incurred to treat complications resulting from treatment, drugs, supplies, devices, procedures or conditions which are not covered under the policy • experimental, investigational, or unproven services • expenses reasonably determined to be educational • amounts in excess of the usual, reasonable and customary charges • expenses the covered person is not required to pay, which are covered by other insurance, except Medicaid, or which would not have been billed if no insurance existed • care in government institutions unless the covered person is obligated to pay for such care • charges incurred for illness or injury that arises out of, as a result of, or in the course of employment • non-emergency treatment received outside of the United States • charges incurred by a covered person while on active duty in the Armed Services • expenses resulting from a declared or undeclared war, or from voluntary participation in a riot or insurrection • expenses incurred or expense related thereto, while engaging in an illegal act or occupation or during the commission, or the attempted commission, of a felony • expenses incurred while participating in professional, semi-professional or intercollegiate sports, or while participating in a rodeo, either professional or for recreation • pregnancy or childbirth, except for complications of pregnancy • charges incurred for voluntary termination of pregnancy • any drug (including birth control pills), implants or injections, supply, treatment, device or procedure that prevents or terminates conception and/or childbirth • diagnosis and treatment of infertility • any drugs, supplies, treatments, devices or procedures related to sex transformation or reversal thereof, sexual dysfunctions, penile implants or sexual inadequacies • sterilization or reversal of sterilization • physical exams or other services or supplies not needed for medical treatment • prophylactic treatment, including surgery or diagnostic testing • treatment of alcoholism • treatment of chemical dependency, substance abuse and/or drug addiction • psychiatric care or treatment of a nervous or mental disorder • programs, treatment, supplies, or procedures for tobacco use cessation • expenses resulting from intentional self-inflicted injury, suicide or attempted suicide, whether sane or insane • charges incurred which result from: (a) the voluntary taking of drugs, except those taken as prescribed by a physician, (b) the voluntary taking of poison, (c) the voluntary inhaling of gas, or (d) being under the influence of alcohol • dental treatment or care • orthodontia or other treatment involving the teeth and supporting structures • treatment by any method for jaw joint problems including temporomandibular joint dysfunction (TMJ) • surgical or non-surgical correction of refractive error; vision therapy; routine vision exams; eyeglasses or contact lenses for the treatment of aphakia • routine hearing exams to assess the need for or change to hearing aids; the purchase, fittings or adjustments of hearing aids • cosmetic or reconstructive procedures, services or supplies • charges for breast reduction unless medically necessary • charges for breast augmentation • removal of breast implants • medications and drugs, including vitamins and vitamin-mineral supplements, available over-the-counter (OTC) whether or not by a physician's prescription order • any expense related to the treatment of hair loss • treatment of weak, strained, flat,

## Exclusions & Limitations (continued)

unstable, or unbalanced feet, metatarsalgia, bunions or the removal of corns, calluses or toenails \* charges for blood or blood plasma that has been replaced \* treatment of autism, developmental delays and learning disabilities, testing and training for education or vocation \* treatment of acne \* treatment of obesity, including surgery for reconstruction, repair or reversal of a gastric bypass \* transportation charges \* services or supplies for personal comfort or convenience, including custodial care or homemaker services \* services and/or supplies furnished and/or provided by an immediate family member \* any charges incurred in connection with a hospital admission on Friday or Saturday unless the attending physician states in writing that the admission was an emergency \* immunizations not necessary for the treatment of an illness or injury \* expenses incurred for occupational therapy \* acupuncture unless the charges incurred are in lieu of anesthesia \* marriage or family counseling \* sex therapy \* private duty nursing while not confined in a hospital \* hypodermic needles, syringes, support garments, other non-medical items, regardless of their intended use \* growth hormones, drugs prescribed for weight control or obesity, smoking deterrents, Rogaine, Retin A, drugs prescribed for cosmetic purposes, vitamins and minerals regardless of the purpose for which prescribed

### Pre-Existing Conditions-Limitation

An illness or injury of a covered person for which the covered person has received medical advice, treatment, services, diagnostic tests, consultation or medication during the three years prior to the covered person's effective date of coverage under the policy; or, during the three years prior to the covered person's effective date of coverage under the policy there were symptoms, whether or not a diagnosis has been made, which would cause an ordinarily prudent person to have an examination or to seek diagnosis, care or treatment.

**Failure to fully disclose information can result in rescission (voiding) of coverage and the denial of a claim. Please refer to the Application and the Certificate of Insurance for further details.**

This brochure is a brief description of the important features of the Master Group Policy. It does not include all state mandated benefits or requirements. It is not a contract. Complete description of benefits is contained in the Master Policy and outlined in the Certificate.

The Master Group Policy is issued to Consumer Benefits of America in the state of Illinois. Benefits, exclusions, limitations and availability may vary by state.

Premium varies based upon the benefits selected.

Check for state availability.

Policy Form #EM 29 01 (08-01)-P Master Group Policy #STM 10/01-001

### 10 Day Free Look Provision

#### Renewability

Coverage under this policy is non-renewable. Issuance of a second or subsequent certificate to a covered person under this policy does not continue coverage. Each benefit period is separate and distinct from any prior benefit period. You must submit a new application and be approved for coverage. Any illness or injury which may have occurred under a prior benefit period will be subject to the pre-existing condition provision during this benefit period.

### Termination of Insurance

Insurance will remain in force until the earliest of:

- The date there is fraud or material misrepresentation with regard to the policy or its benefits.
- The date the member's premium is due if not received by the end of the grace period.
- The premium due date following the date the policy terminates.
- The date of death of the covered member.
- The premium due date following the date the insurer terminates all certificates in a specific state.
- Dependent child's coverage ends on the premium due date following the date the covered child's eligibility ends. (Termination of covered member's insurance will also result in dependent termination.)

Unless terminated due to any of the above, coverage will remain in force for up to 6, 9 or 12 months (depending on the plan term elected) as long as you prepay or as long as you pay each monthly premium when due. **If not prepaying, it is your responsibility to mail your monthly premium remittance coupon with the amount due.**

### Administered By



PO Box 150832, Denver, CO 80215  
Tel 800-323-2586, Fax 303-232-4758

### Sponsored By Consumer Benefits of America

Consumer Benefits of America's mission is to promote consumer awareness in the marketplace. The association membership includes benefits which are designed to enhance the mission and provides members with the advantage of "group buying".

### National Program Manager



### Marketed By

**Associated Insurance Group**  
**14 S. Chicago Ave.**  
**Freeport, IL 61032**  
**815-233-0547**  
**888-841-9455**