

# FlexTerm<sup>SM</sup>

Health Insurance



## Unexpected illnesses and accidents happen every day, and the resulting medical bills can be disastrous.

FlexTerm Health Insurance helps to protect you from the medical bills that can result from unexpected Injuries and Sickness.

Safeguard your financial future with FlexTerm Health Insurance. It provides the peace of mind and health care access you need at a price you can afford.

- Plans available up to 12 months\*
- 5 minute simple application process
- Flexibility to choose your own physician and hospital
- Next Day Coverage

This is Short Term Medical Insurance that does not qualify as the minimum essential coverage required by the Affordable Care Act (ACA). Unless you purchase a plan that provides minimum essential coverage in accordance with the ACA, you may be subject to a federal tax penalty.

\*States may vary

# Is FlexTerm Health right for you?

## VALUABLE HEALTH INSURANCE COVERAGE FOR TIMES OF TRANSITION

### Between Jobs

If you're between jobs, consider Short Term Medical. For about half the cost of COBRA\*, Short Term Medical offers next-day coverage to help you bridge the insurance gap.

### Temporary or Seasonal Employees

When your employment schedule is unpredictable, it's hard to maintain health coverage. Short Term Medical offers you flexible coverage options to suit your situation.

### Waiting for Employer Benefits

Often new employers impose a waiting period before you're eligible for health benefits. With Short Term Medical, you stay insured and can choose your own plan duration.

### New Graduates

If you've just graduated, you're probably no longer eligible for health insurance through a student plan. Short Term Medical is an affordable way to guard against unexpected medical bills until you secure permanent coverage.

## SUMMARY OF COVERAGE



WELLNESS



INPATIENT/OUTPATIENT SURGERY



HOSPITAL BENEFITS



EMERGENCY ROOM CARE



OUTPATIENT SERVICES



X-RAY AND LABORATORY



TRANSPLANT BENEFITS



URGENT CARE



SICKNESS



Next day coverage available. Don't be without Health Insurance!

## How Does It Work?

FIRST

YOU PAY A \$50 COPAY FOR A PHYSICIAN OFFICE VISIT  
OR YOU PAY A \$50 COPAY FOR AN ANNUAL ROUTINE PHYSICAL EXAM

THEN

COVER YOUR DEDUCTIBLE OF \$1,000, \$2,500, \$5,000, \$7,500, \$10,000  
Your Deductible is the amount you must pay before FlexTerm Health Insurance pays benefits.

AFTER

50%/50% coinsurance

You pay 50% of any additional covered charges up to the plan maximum

or

80%/20% coinsurance

You pay 20% of any additional covered charges up to the plan maximum

100% coinsurance

We pay 100% of the covered charges up to the plan maximum

FlexTerm Health pays all remaining covered charges, up to the Policy Period Maximum

\*Short Term Medical insurance is often a lower-cost alternative to COBRA. However, if you purchase Short Term Medical rather than maintaining COBRA coverage, you may give up your rights to coverage for pre-existing conditions or guaranteed health insurance in the future. Short Term Medical benefits may be limited compared to COBRA coverage.

## Choose your FlexTerm Health Insurance Plan

Eligible Expenses are subject to your selected Deductible and Coinsurance.

Traditional Plan	
Coinsurance	50/50, 80/20 or 100/0
Deductible	\$1,000, \$2,500, \$5,000, \$7,500 or \$10,000
Out-Of-Pocket Maximum	\$2,000 or \$5,000
Coverage Period Maximum	\$250,000, \$750,000, \$1,000,000 or \$1,500,000

Unless specified otherwise, the following benefits are for the Insured and each Covered Dependent subject to the plan Deductible, Coinsurance Percentage, Out-Of-Pocket Maximum and Policy Maximum chosen. Benefits are limited to the Maximum Allowable Expense for each Covered Expense, in addition to any specific limits stated in the policy.

Doctor Office Consultation	
Copay	\$50 Copay
Wellness Benefit Copay	\$50 Copay
Inpatient Hospital Services	
Average Standard Room Rate	Average Standard Room Rate
Hospital ICU	Average Standard Room Rate
Doctor Visits	Subject to Deductible and Coinsurance
Outpatient Services	
Outpatient Surgery Deductible	\$500 per surgery, maximum 3
Emergency Room - Deductible	\$500 per visit, maximum 3
Advanced Diagnostic Studies Deductible	\$500 per occurrence
Ambulance Benefit	Injury and Sickness: \$250 per transport
Extended Care Facility Benefit	\$150 per day, maximum 30 days
Home Health Care Benefit	\$50 per visit, maximum 30 days (1 per day)
Physical, Occupational and Speech Therapy Benefit	\$50 per day, maximum 20 visits
Mental Disorders	
Inpatient	\$100 per day, maximum 31 days
Outpatient	\$50 per day, maximum 10 visits
Substance Abuse	
Inpatient	\$100 per day, maximum 31 days
Outpatient	\$50 per day, maximum 10 visits

This coverage contains a Pre-Existing Condition Exclusion. Pre-Existing Condition means a condition for which a Covered Person received medical treatment, diagnosis, care or advice, including diagnostic tests or medications, during the months prior to the Covered Person's effective date of coverage. Policy terms, conditions, exclusions and limitations may vary by state. This product may not be available in all states. Some waiting periods may apply. See Certificate for details.

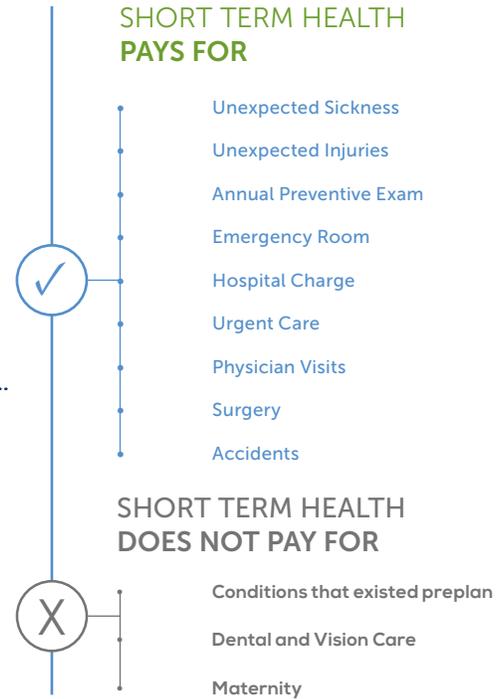
# 3 Quick & Simple Steps to the Short Term Medical Insurance



Coverage can begin as soon as 12:01 a.m. the next day once application is processed and payment is posted.

## Decide if Short Term Medical Insurance is right for you

FlexTerm Health Insurance coverage isn't right for everybody. You may want to consider a major medical plan that incorporates full health care reform benefits.



## KNOW WHAT'S NOT COVERED

Knowing exactly what your Short Term Medical Insurance does and does not cover is important. To give you the best possible experience, we offer this summary of what is not covered. Complete details are included in your policy.

- Treatment of a Pre-Existing condition, including those not inquired about on the enrollment form
- Spinal manipulations or adjustments
- Illness or injury that is self-inflicted or caused while engaged in a felony, under the influence, in military service, in a hazardous occupation or activity, or while engaged in intercollegiate sports
- Vision or dental treatments, foot care or orthotic
- Expenses incurred outside the United States and its possessions
- Genetics or fertility treatment or testing
- Custodial care or private duty nursing
- Cosmetic, experimental, investigational or non-medically necessary treatment
- Hearing examination or hearing aids
- Maternity

Note: Plan terms, limitations and exclusions may vary by state.

## After Your Plan Expires...

This Short Term Medical insurance is nonrenewable, and policy termination is not considered a qualifying life event for purposes of enrolling in a plan. Therefore, depending on your policy's termination date and state laws about reapplying for a new plan, when your FlexTerm Health Insurance expires, you may have a gap in insurance coverage until you can begin coverage with new Short Term Medical Insurance or an ACA or other comprehensive insurance plan. You must re-apply for a new STM policy if you want to remain covered after expiration of your existing policy. Your new plan is not an extension of your current plan. As a result, your deductibles, waiting periods, maximum benefit limits and maximum out-of-pocket obligations will reset under your new policy and any illness or condition you develop under your current policy will be considered a pre-existing condition under your new plan.

## Payment Options

**Single Payment** - If you know the exact length of time you will need this coverage for and prefer to make one single payment for the entire Policy Period, this payment option is ideal. Simply enter the exact total number of days you need coverage (30 day minimum/364 day maximum).

**Monthly Payment** - If you are unsure how long you will need this coverage or prefer the convenience of making monthly installments, this option is ideal. Each monthly payment is for 30 days of coverage, up to a 364 day maximum Policy Period. If you need this coverage ceased simply stop making payments and your coverage will terminate at the end of the 30 day period.

Payment methods include: automatic bank draft or credit card.

Note: 5 days advance written and signed notice from the Insured Person is required to ensure future premium payments are discontinued.

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This FlexTerm Health Insurance Plan does not qualify as the minimum essential coverage required by the Affordable Care Act (ACA). Unless you purchase a plan that provides minimum essential coverage in accordance with the ACA, you may be subject to a federal tax penalty.

Underwritten by Everest Reinsurance Company, rated A+ Superior by the A.M. Best Company (9/9/15). A.M. Best is an independent global rating organization that examines insurance companies and publishes its opinion on their financial strength.

Everest Reinsurance Company, 477 Martinsville Road, P.O. Box 830 Liberty Corner, NJ 07938-0830. Benefits not available in all states at this time. Members can be enrolled only once. Duplicate or multiple memberships are not allowed. Coverage is not provided for members age 65 or over, coverage will terminate at the end of the month insured turns age 65. If coverage is canceled, persons may not re-enroll in coverage with Everest Reinsurance Company until six months after their termination date.

This coverage contains a Pre-Existing Condition Limitation. Pre-Existing Condition means a condition for which a Covered Person received medical treatment, diagnosis, care or advice, including diagnostic tests or medications, during the months prior to the Covered Person's effective date of coverage.

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This brochure provides summary information. Please refer to the certificate or ask your agent for a complete listing of benefits, exclusions and terms of coverage.

FlexTerm Health Insurance is administrated by:  
InsuranceTPA.com Administrators



FlexTerm Health Insurance Plan is the brand name for products underwritten by: Everest Reinsurance Company and it is rated A+ Superior by the A.M. Best Company.

**Marketed by:** \_\_\_\_\_

**Broker:** \_\_\_\_\_

**Website:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

This coverage is not required to comply with certain federal market requirements for health insurance, principally those contained in the Affordable Care Act. Be sure to check your policy carefully to make sure you are aware of any exclusions or limitations regarding coverage of preexisting conditions or health benefits (such as hospitalization, emergency services, maternity care, preventive care, prescription drugs, and mental health and substance use disorder services). Your policy might also have lifetime and/or annual dollar limits on health benefits. If this coverage expires or you lose eligibility for this coverage, you might have to wait until an open enrollment period to get other health insurance coverage. Also, this coverage is not "minimum essential coverage."