

HealthMedSTMTM

Short-Term Medical Insurance | Underwritten by HCC Life Insurance Company



Why Choose HealtheMed Short-Term Medical?

There are transitional periods in life that can leave you without medical coverage for a brief time. HCC Medical Insurance Services understands your need for peace of mind about health insurance coverage during uncertain times. HealtheMed STM provides affordable temporary health insurance to protect you and your family. You should consider purchasing HealtheMed STM if you are concerned about protecting yourself from the potentially high medical costs associated with an unexpected sickness or injury. HealtheMed STM is ideal for:

- **Individuals Between Jobs**
- **New Hires**
- **Early Retirees**
- **Recently Naturalized Citizens**
- **Recent College Graduates**

With HealtheMed STM you are in control. You have the freedom to receive treatment from doctors and hospitals of your choice without incurring out of network penalties. From quote to fulfillment, HealtheMed STM makes it quick and easy to apply and get the medical coverage you need. HealtheMed gives you peace of mind.

After purchasing coverage, how can I trust the company to be there if I need them?

For more than 30 years, HCC Life Insurance Company has been leading the way in medical stop loss insurance for employers who self-fund their employee benefit plans. HCC Life's products, including medical stop loss, medical excess, group term life insurance and short-term medical insurance are backed by the financial stability of its parent company, HCC Insurance Holdings, Inc. (NYSE: HCC). HCC Life holds a financial strength rating of AA (Very Strong) by Standard & Poor's and Fitch Ratings and A+ (Superior) by A.M Best Company.

Insured Benefits Underwritten by:



Billing, Fulfillment, and Customer Service provided by:



Exclusive Features Include:

- Coverage Period Maximum of \$2 million
- Length of coverage up to 6 or 11 months. Purchase in full or make monthly payments.
- Deductible options: \$250, \$500, \$1000, \$2,500, \$5000, or \$7500. A maximum of 3 deductibles is required per family
- Coinsurance Options: 80% or 50% of the next \$5,000 of eligible medical expenses

HealtheMed is available in the following states for up to 6 month maximum: AZ, AR, CA, CO, CT, FL, GA, IN, ME, MI, MO, MT, NE, NH, ND, NM, OH, OK, OR, SD, TN, VA, and WI

HealtheMed is available in the following states for up to 11 month maximum: AL, AK, DC, DE, HI, ID, IL, IA, KS, KY, LA, MD, MS, NV, NC, PA, RI, SC, TX, UT, WA, WV, and WY

Affordable. Convenient.



How do I figure out what I need, and where do I start?

First, Select Your Coverage Period:

- **Single Payment**

This option is ideal if you know the exact number of days you need coverage. The minimum number of days you may apply for coverage is 30 days; the maximum is 337 days. Pay now for the number of days you will need STM coverage. We accept payment by Visa, MasterCard, or Bank Draft.

- **Monthly Pay**

This is ideal if you are unsure how long coverage is needed. This "pay as you go" option gives you the flexibility to continue coverage for as long as it's needed, or you can stop payments and discontinue the plan once your temporary need ends. You can select coverage of 6 or 11 months (Coverage periods of greater than 6 months are not available in all states). We accept automatic monthly payments by Visa, MasterCard or Bank Draft.

Then, based on your lifestyle needs and budget, select one from each of the following:

- **Deductible: \$250, \$500, \$1,000, \$2,500, \$5,000 or \$7,500**

The selected deductible must be paid by each Covered Person before Coinsurance benefits are payable. (After 3 individuals meet their deductible, the deductible is deemed satisfied for any remaining covered individuals.)

- **Coinsurance Percentage: 80/20 or 50/50**

Your selection of a Coinsurance Percentage represents the percent of covered expenses that we pay and that you pay*, after the deductible has been satisfied, up to the Coinsurance Maximum. (After 3 individuals have met their deductible, the deductible is deemed satisfied for any remaining covered individuals.)

- **Coinsurance Maximum: \$5,000**

Once you've reached your Coinsurance Limit of \$5,000 (based on your selection), we pay 100%* up to the \$2,000,000 Lifetime Maximum. For example, if your coinsurance is 80/20, you pay 20% of the next \$5,000 in covered charges (\$1,000 out-of-pocket plus deductible). Then we pay at 100% up to the Lifetime Maximum.



Coverage Effective Date

You can select your insurance to be effective as early 12:01 a.m. the day following the transmission date of your application. However, you can choose a later effective date, but not to exceed 45 days from the date of transmission. All coverage is subject to approval of your application and payment of your first premium.

HealthMed STM Eligibility

You are eligible to apply for HealthMed STM if you are age 2 through 64 and you meet the following requirements:

1. You are not pregnant, an expectant father, or planning on adopting.
2. You will not be covered by other medical insurance at time of requested effective date.
3. You are not a member of the armed forces of any country, state, or international organization, other than on reserve duty for 30 days or less; and
4. You are able to answer "no" to the medical questions on the application form.

**Your spouse under age 65 and dependents under age 19 are also eligible for coverage, provided they meet the same requirements. Unmarried children under age 25 may also be included as a covered dependent if enrolled full-time in an accredited school or college.

Purchasing an Additional Policy

HealthMed STM is not renewable, but if your temporary insurance need continues beyond the coverage period purchased, you may apply for a new policy as long as you have not had more than two HealthMed STM policies during the past 12 months. Additional purchase may not be available in some states.

Free Look Period

If you are not 100% satisfied with HealthMed STM, return the certificate along with a written request for cancellation to HCC Life within 10 days of receipt. Coverage will be cancelled as of the effective date and your premium will be returned. No questions asked! HCC Life Insurance Company respects individual privacy and values the confidence of its customers, employees, consumers, business associates, and others. Please contact us or visit our website to obtain a full version of our Privacy Policy.

Not all coverages or products may be available in all jurisdictions. The description of coverage in these pages is for informational purposes only. Actual coverages will vary based on local law requirements and the terms and conditions of the policy issued. The information described herein does not amend, or otherwise affect the terms and conditions of any insurance policy issued by HCC Life Insurance Company.

Consumer Benefits of America

In some states, HealthMed STM is available to members of the Consumer Benefits of America Association. Membership in the association will entitle you to discounts of up to 40% off regular retail prices on many short-term and long-term prescription drugs. Discounts are available from over 59,000 participating pharmacy providers nationwide or by mail service. When membership is required, association fees are assessed at the time of application, enrollment in the association is automatic upon payment of the correct premium and all applicable fees.

HCC Life Insurance Company respects individual privacy and values the confidence of its customers, employees, consumers, business associates, and others. Please contact us or visit our website to obtain a full version of our Privacy Policy.

States filed under the HealthMed STM certificate's group association: CA, CO, CT, IA, ND, RI, and VA

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Covered Medical Expenses

The description of coverage in these pages is for informational purposes only. Actual coverage will vary based on the terms and conditions of the policy issued. The information described herein does not amend or otherwise affect the terms and conditions of any insurance policy issued by HCC Life Insurance Company or its affiliates. In the event that a policy is inconsistent with the information described herein, the language of the policy will take precedence. Please see the policy for detailed information about these and other policy exclusions and limitations. Benefits, provisions, limitations and exclusions may vary by state.

- Inpatient and outpatient charges made by a hospital, including inpatient prescription drugs
- Charges incurred at an urgent care center after a \$50 co-pay
- Eligible charges made by a physician, surgeon, radiologist, anesthesiologist, and any other medical specialist to whom the physician has referred the case
- Charges made for dressings, sutures, casts or other supplies prescribed by the attending physician or specialist, but excluding nebulizers, oxygen tanks, diabetic supplies and all devices for repeat use at home
- Charges for diagnostic testing using radiology ultrasonographic or laboratory services
- Charges for oxygen and other gases and anesthetics and their administration
- Charges made by a licensed extended care facility upon direct transfer from an acute care hospital
- Emergency local ambulance transport in connection with a covered injury or sickness resulting in inpatient hospitalization
- Expenses related to complications of pregnancy
- Charges for physical therapy that is prescribed in advance by a physician in relation to a covered injury or sickness



How HealthMed STM Works

Most eligible expenses are subject to deductible and coinsurance. After your chosen deductible is satisfied, HealthMed STM will begin paying according to the coinsurance you select and up to the coverage period maximum for all eligible medical expenses. Benefits are based on usual and customary charges of the geographical area in which charges are incurred.

Urgent Care Center

The deductible is waived for eligible medical expenses when you receive care at an urgent care center, and instead you pay a \$50 co-payment, after which coinsurance applies. An urgent care center means a facility separate from a hospital emergency department where patients can be immediately treated for injury or sickness on a walk-in basis without an appointment.

Hospitalization

If a covered illness or injury requires hospitalization, the plan provides coverage for eligible costs associated with hospitalization care, including intensive care, and outpatient treatment.



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Medical Expenses Not Covered

HealthMed STM does not cover: pre-existing conditions* (including those not inquired about on the enrollment form); preventive or wellness doctor visits; dental or optical treatments; routine physical exams; normal pregnancy or childbirth; well child care; interscholastic and intercollegiate sports injuries; over-the-counter medications and outpatient prescription drugs; and expenses incurred outside the United States, its possessions or territories, or Canada.

The following conditions are also excluded: varicose veins, substance abuse and alcoholism, chronic fatigue or pain disorders, and allergies, except for emergency treatment of allergic reactions.

Expenses during the first 6 months after the effective date are excluded for (subject to all other coverage provisions, including the pre-existing condition limitation):

- a. Total or partial hysterectomy, unless it is medically necessary due to a diagnosis of carcinoma;
- b. Tonsillectomy;
- c. Adenoidectomy;
- d. Repair of deviated nasal septum or any type of surgery involving the sinus;
- e. Myringotomy;
- f. Tympanotomy;
- g. Herniorraphy; or
- h. Cholecystectomy.

*Pre-existing conditions refers to conditions for which you received medical treatment, diagnosis, care, or advice within a specific number of months immediately preceding your effective date. The "pre-ex" period will vary depending on the state in which HealthMed STM is purchased. This exclusion does not apply to a newborn or newly adopted child who is added to coverage.

Waiting Period

When coverage is purchased within 3 days of the effective date, you will only be entitled to receive benefits for sicknesses that begin, by occurrence of symptoms and/or receipt of treatment, at least 72 hours following the effective date. This waiting period does not affect benefits for injuries.

This is a partial list of exclusions and limitations. Please see the certificate for detailed information about these and other policy exclusions and limitations. Benefits, provisions, limitations and exclusions may vary by state.



Health Insurance Innovations includes the following services and discounts to the HealthMed Short-Term Medical Plan:



Coventry National Network*

Coventry National Network is a strong, stable, and broad network covering all 50 states, Puerto Rico and the District of Columbia. Over 98% of the U.S. has access to a network provider and the network is particularly strong in suburban and rural areas. The network is highly credentialed, using NCOA and URAC accreditation principles and applicable state-specific standards, and is recredited every three years. The Coventry National Network is 100% directly contracted and uses one logo nationwide for the convenience of your members.

MedCare USA Prescription Discount Card*

4-tier and 100% of discounted price at participating pharmacies. Because it is a discount program there are no claim forms, no reimbursement procedures, no pre-existing condition exclusions, no waiting periods, no deductible, no benefit maximums. Members save an average of 15% off retail price on many brand name prescription drugs and 54% off retail price on many generic prescription drugs. This card is accepted at over 53,000 pharmacies throughout the United States, including most chains and independent pharmacies.



OUTLOOK Vision Discounts*

Offers significant savings for the entire family on eyeglasses. Contact lenses, LASIK surgery and eye exams at select locations where approved. Providers conveniently located throughout all 50 states. Most leading retail centers are included in the OUTLOOK Vision network and offer discounts from 10% to 50%. Discounts are given at point of purchase, no limits, no restrictions and no paperwork.

*These are not insurance benefits and are not affiliated with HCC Life Insurance Company or the HealthMed Short-Term Medical plan.



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Simple. Comprehensive. Complete. Enjoyable.

Providing personalized service, **Kare360**'s team of expert Patient Advisors work with members to assist in navigating the confusing and expensive world of healthcare. With a suite of dedicated services, **Kare360** will help you take the hassle out of health care saving you valuable time and money.

Physician Search

Helping members find quality family doctors, specialists and surgeons.

Appointment Scheduling

Advisors schedule visits with doctors, labs and more.

Medical Bill Mediation

Unparalleled results in negotiating savings on medical charges.

Eldercare Solutions

Finding solutions for seniors in all areas including living arrangements, transportation, RX delivery, supplemental insurance and more.

Alternative Treatments

Locating care for Chiropractic, Acupuncture, Massage Therapy and more.

Insurance Policy Assistance

Clarification on benefits, help resolving issues.

Surgery Cost Saver

A specialized R.N. will provide a cost, quality and availability comparison of health care facilities in your area for your particular needed procedure. This can be used in consultation with your doctor, enabling you to make an informed decision.

Kare360 is pleased to also provide on-staff chaplains, available by phone to listen and offer counsel in those times when you need it most.

We take the **hassle out of healthcare.**



Imagine this...

You wake up one morning with cold-like symptoms. You don't want to take time off from work, but you need care now. **What can you do?**

1



You consider urgent care, but don't want to spend the time and money.

2



Then you call Teladoc.

3



The Teladoc doctor calls you back about your symptoms.

4



Turns out you have sinus problems.

5



You pick up an antibiotic at your local pharmacy on your way to work.

6



Problem solved. Boss happy.
TIME: 29 minutes
COST: \$0

What is Teladoc?

Teladoc provides a national network of U.S. board-certified doctors available on-demand 24/7 to resolve many of your medical issues. It's quality care when you need it at a price you can afford.

Note: There is a one-time registration fee of \$10 required before the first consultation.

What can it be used for?

- Bronchitis
- Allergies
- Pink eye
- Cold & flu symptoms
- Urinary tract infection
- Ear infection
- Pediatric care
- *and more!*

When should you Teladoc?

- When you need care now
- If you're considering the ER or urgent care center for a non-emergency issues
- On vacation, on a business trip, or away from home
- For short-term prescription refills

TeladocSM

24/7/365 on-demand access to
U.S. BOARD-CERTIFIED DOCTORS

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Teladoc does not replace the primary care physician. Teladoc does not guarantee that a prescription will be written. Teladoc operates subject to state regulation and may not be available in certain states. Teladoc does not prescribe DEA controlled substances, non-therapeutic drugs and certain other drugs which may be harmful because of their potential for abuse. Teladoc physicians reserve the right to deny care for potential misuse of services. 05242011



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Products

We have more than 30,000 agents throughout the United States to support and serve anyone seeking healthcare options. At HII we know that in today's world there's no waiting for tomorrow, so we are committed to keeping our agents educated and providing them with quality products for everyday consumers.

Short-Term Medical

- 1st Med STM
- HealthMed STM
- HealthFlex STM

Accident, Sickness & Hospital Plans

- Freedom Access
- Health Essential
- Principle Advantage

Ancillary Insurance

- Critical Illness and Hospital ER
- Cash Advantage Critical Illness
- Cancer Policy
- Accident Medical Expense (AME)
- Agile Insured Rx
- Foundation Vision

Life Insurance

- Freedom Elite
- Freedom Spirit (AD&D)

Lifestyle and Discount Services

- Teladoc
- MyeWellness
- MSGA Benefits
- MedCare USA / MedImpact
- Careington Select
- Outlook Vision

Dental Plan

- Foundation Dental
- Cigna Dental Network Access



HiiQuote.com

Our product portfolio is continually expanding. For more detailed information on product opportunities contact sales support at: salesupport@hiiquote.com | 1.877.376.5831 Option 2

Insurance Benefits

Short-Term Medical: Short-term medical pays benefits similar to a major medical insurance plan, but for a predetermined length of time. These affordable plans have a wide range of deductibles to fit your lifestyle needs and budget.

Accident, Sickness & Hospital Plans: Limited benefit plans offer guaranteed acceptance for those that do not have adequate health insurance (applicable pre-existing condition limitations will apply). Plans offer fixed indemnity benefits that pay a total cost per covered service; no deductibles or co-pays.

Ancillary Insurance: This type of insurance is an affordable solution for filling the gaps in STM or other medical insurance coverage, by subsidizing their higher deductibles and lower co-insurance. HII ancillary insurance products include Hospital and Medical Fixed Indemnity, Accidental Death & Dismemberment, Agile Insured Rx, Accident Medical Expense, Critical Illness, Cancer & more.

Life Insurance: Coverage to prepare your family for unexpected, catastrophic events. A lump sum benefit will be paid to cover costs and provide for your beneficiaries.

Lifestyle and Discount Services: Plans that offer significant savings on lifestyle products and services to better enhance your everyday health and wellness choices. Many offer discounts on vision, dental, and laboratory services.

Marketed by: