

Short Term



An interim health insurance plan for individuals who are:

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

ARIZONA

Life is Unpredictable . . .

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 at least 15 days old and are under age 64.
- You are not covered under any other health plan, including: Hospital coverage, Major Medical, Group Health, or other Medical Insurance coverage.
- You are not pregnant or an expectant father.
- You have not lived outside of the United States in the past 12 months.
- You can answer all the questions on the application 'no.'

Under this plan, you may also obtain coverage for your spouse and unmarried dependent children (age 15 days through 21 years). Each Dependent Child age 18-21 will pay the premium for an adult, age 18. Each child, up to 3 children, will be charged the child rate if the Dependent children are under age 18.

This policy may also be issued to Children only.

1. Children, age 18 and over, must each apply on their own policy.
2. Children, age 15 days through age 17, may apply together; however, the youngest child must be listed as the key applicant and will pay the 'Male, age 18-24' rates. All other children will pay the 'child rate.'

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.

If the application is received in our home office and it was submitted electronically, the effective date will be (a) the day after your application is received in our home office, 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)
- Electronic Funds Transfer (EFT)

Applying for Coverage

1. Complete, sign and date the Short Term application (a parent or guardian must sign for child-only policies if the child is under 18 years). Applications missing information will be returned, resulting in effective-date delays.
2. Children-only plans:
 - a. Children, age 18 and over, must each apply on their own policy.
 - b. Children, age 15 days through age 17, may apply together; however, the youngest child must be listed as the key applicant and will pay the 'Male, age 18-24' rates. All other children will pay the 'child rate.'
3. Premium is calculated using your current age. Use the Premium Calculation information on the application.
4. Please mail the application and at least one month's premium using check, money order, Master Card or Visa to:

American Community Mutual Insurance Company
39201 Seven Mile Road
Livonia, Michigan 48152-1094

You may use the attached self-addressed envelope for convenience. The effective date will be assigned based upon the postmark date.
5. The policy, when issued, will be mailed to the key applicant's address.

To save time, you may also apply online. Please contact your American Community agent or our National Sales Office at (800) 991-2642 ext. 4717 for information regarding completing our online application.

IMPORTANT INFORMATION

This is a **NON-RENEWABLE** plan. This plan is not intended to be of a permanent nature and does not cover any Pre-existing Conditions. Pre-Existing Condition means an illness, disease, accidental bodily damage or loss that first appears (makes itself known) before the Effective Date.

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. Each Short Term policy issued will have its own effective date and all benefit provisions must be re-satisfied. Conditions covered under prior Short Term policies may be considered pre-existing conditions under any new Short Term policy.

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 your chosen benefit percentage (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 up to 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.

- | | |
|---|--|
| <input checked="" type="checkbox"/> Hospital room and board | <input checked="" type="checkbox"/> Miscellaneous diagnostic services and medical supplies |
| <input checked="" type="checkbox"/> Intensive care | <input checked="" type="checkbox"/> Nursing care |
| <input checked="" type="checkbox"/> Surgery | <input checked="" type="checkbox"/> Prescription drugs while confined |
| <input checked="" type="checkbox"/> Anesthesia | <input checked="" type="checkbox"/> Organ transplants, as provided in the policy |
| <input checked="" type="checkbox"/> Emergency room services | |
| <input checked="" type="checkbox"/> Physician visits | |

COVERED OUTPATIENT CHARGES

- | | |
|--|---|
| <input checked="" type="checkbox"/> Pre-admission testing | <input checked="" type="checkbox"/> Oxygen, blood and plasma |
| <input checked="" type="checkbox"/> Ambulance | <input checked="" type="checkbox"/> Durable medical equipment |
| <input checked="" type="checkbox"/> Surgery and anesthesia | <input checked="" type="checkbox"/> Skilled nursing facility (\$75/day, 30 days per term) |
| <input checked="" type="checkbox"/> Second surgical opinion | <input checked="" type="checkbox"/> Home health care |
| <input checked="" type="checkbox"/> Physician services | <input checked="" type="checkbox"/> Complications of pregnancy |
| <input checked="" type="checkbox"/> Mammogram | <input checked="" type="checkbox"/> Diabetes treatment, prescription drugs and devices |
| <input checked="" type="checkbox"/> Physical, occupational and speech therapies (\$1,000 per term) | <input checked="" type="checkbox"/> Breast Cancer screening |
| <input checked="" type="checkbox"/> X-ray and lab tests | <input checked="" type="checkbox"/> Medical foods to treat Inherited Metabolic Disorders (50% Benefit Percentage) |
| <input checked="" type="checkbox"/> Chemotherapy | |
| <input checked="" type="checkbox"/> Hospital-type equipment for kidney dialysis | |
| <input checked="" type="checkbox"/> Radiation treatment | |

OTHER PLAN HIGHLIGHTS

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

PRE-EXISTING CONDITION DEFINITION

Pre-Existing Condition means an illness, disease, accidental bodily damage or loss that first appears (makes itself known) before the Effective Date.

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; 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, except for Medicaid; 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 breast cancer diagnostic services and screening mammography; 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 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;

SHORT TERM PLAN EXCLUSIONS (cont.)

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; 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; Treatment for substance abuse, including alcoholism, even if court ordered; Charges for which benefits are not provided in the policy.

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

This brochure is not a contract, an insurance policy, or a summary plan description booklet. Please see policy form 600P06 for complete details, terms, conditions, and full provisions of coverage.

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.

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. Make your initial payment by check, money order, or Credit Card (Master Card or Visa). If you wish to make future payments by EFT, please complete the Authorization Agreement section of the application.

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.®



AMERICAN COMMUNITY
MUTUAL INSURANCE COMPANY®

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