



# Temporary Health Insurance

## 30 - 365 Days

### GEORGIA

#### Includes Additional Benefit Options:

- Accident Medical Expense (AME)

No one plans to have an unexpected illness or accident happen to them.

But let's face it — the unexpected *does* happen. That's why going without health insurance, even for a short time, puts you and your family at serious financial risk.

**Don't take the chance!** Short Term Medical from Fortis Insurance Company provides affordable health coverage that protects you and your family — *for only dollars a day.*

Choose from two convenient plans — **up to six months coverage or up to 12 months coverage** — the choice is yours.

Short Term Medical is designed for people who are between permanent health plans. So, whether you are:

- Between jobs,
- Looking for an alternative to COBRA,
- A recent college graduate,
- In a waiting period for employer-sponsored coverage,
- A temporary or seasonal employee,
- A dependent no longer covered by parent's plan,
- On strike, laid-off or losing your job,

Short Term Medical can provide you with the peace of mind you deserve.

### How the Plans Work

You choose the plan that best meets your needs and budget! Simply select from your choice of deductibles, rate of payment options, lifetime maximum benefit and length of coverage. Since these plans are not an HMO or PPO, you choose your own doctors and hospitals.

For additional savings, you can use the doctors and hospitals participating in PHCS Healthy Directions. Simply call PHCS at **1-800-357-6847** or visit them on the web at **www.phcs.com** to verify that your doctor or hospital is part of the PHCS Network. When using the web, click on "Find a Provider," then "Start New Search." Under Step #2, choose "Healthy Directions/Access Advantage" from the drop down menu.

At the time of service, present your medical identification card with the PHCS logo on it and your provider will bill you at the reduced network rate for services.

### Who's Eligible for These Plans?

- Healthy individuals between the ages of 30 days and 64 years, 11 months, who have a temporary insurance need.
- Dependent children through age 18 (age 24 if full-time student) may be covered as dependents on their parent's plan.
- Foreign residents living in the U.S. for at least one year at the time of enrollment, with proof of Alien Registration Receipt Card, Visa or other appropriate documentation.

### 6 Month Plan (30-185 days)

If you know you'll only need temporary health insurance for a short time, then this plan is ideal for you. You can purchase up to a maximum of six months coverage and pay for it in single or monthly payments. If your temporary need continues beyond six months, you may be eligible for another Short Term Medical policy\*. However, it is important to know that there is no continuous coverage between plans.

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

If the **\$250 or \$500 deductible option** is selected, each covered person needs to satisfy a deductible before benefits are paid. Families will need to satisfy no more than three deductibles.

If the **\$1,000 or \$2,500 deductible option** is selected, only **one deductible** needs to be satisfied by all covered family members.

- **Rate of payment options (coinsurance):**

100%, 80/20 or 50/50

*Note: The 100% option is not available with a \$250 deductible.*

- **Lifetime maximum benefit options:**

\$2 million or \$5 million

- **Length of coverage options:** 30-185 days

*\* To obtain a new policy, you must complete a new enrollment form. If the enrollment form is approved, a new certificate will be issued. There will be a new pre-existing condition period and a new deductible must be met.*

<b>FIRST</b>	You pay the deductible.		
<b>THEN</b>	100%	80/20	50/50
<b>THEREAFTER</b>	Fortis Insurance Company pays 100% of remaining covered expenses up to the plan maximum of \$2 or \$5 million for each covered person.		

### Plan Highlights

- Coverage as early as the next day
- Freedom to choose your own doctors and hospitals
- Prescription drug coverage
- In-hospital and outpatient benefits
- Managed care/pre-authorization procedure
- Extension of Benefits — up to 12 months if hospitalized
- Extension of Benefits Plus — 60 day/\$1,000 benefit for non-disabling conditions

## 12 Month Plan (30-365 days)

This plan is ideal if your temporary need stretches beyond six months or if you are unsure how long you will need coverage. It provides continuous coverage for up to 12 months and can be paid for in single or monthly payments.

■ **Deductible choices:** \$500, \$1,000, \$2,500 or \$5,000

If the **\$500 or \$1,000 deductible option** is selected, each covered person needs to satisfy a deductible before benefits are paid. Families will need to satisfy no more than three deductibles.

If the **\$2,500 or \$5,000 deductible option** is selected, only **one deductible** needs to be satisfied by all covered family members.

■ **Rate of payment options (coinsurance):**

80/20 or 50/50

■ **Lifetime maximum benefit options:**

\$1 million or \$2 million

■ **Length of coverage options:** 30-365 days

<b>FIRST</b>	You pay the deductible.	
<b>THEN</b>	80/20	50/50
<b>THEREAFTER</b>	Fortis Insurance Company pays 100% of remaining covered expenses up to the plan maximum of \$1 or \$2 million for each covered person.	

(Copays not included)

## Plan Highlights

- Coverage as early as the next day
- Freedom to choose your own doctors and hospitals
- Prescription drug coverage
- In-hospital and outpatient benefits
- Managed care/pre-authorization procedure
- Copays of \$150 per emergency room visit and \$500 per inpatient hospital stay
- A waiting period of up to three days for sickness benefits may apply
- Extension of Benefits — up to 90 days if hospitalized
- Extension of Benefits Plus — 60 day/\$1,000 benefit for non-disabling conditions

## Plan Exclusions

**Short Term Medical plans do not cover:** pre-existing conditions\*; intentionally self-inflicted injury; non-injury related dental or optical treatments; hearing aids; routine physical exams; normal pregnancy or childbirth; routine well child care; sterilization; treatment for infertility; weight reduction or weight control programs and related surgery; mental disorders, mental illness or substance abuse except as may be provided by an Amendment Rider; treatment for learning disorders or disabilities; removal of tonsils or adenoids; injuries due to hazardous occupations or activities; custodial care; repairs or replacement to prosthetic devices; cosmetic treatment or reconstructive or plastic surgery that is primarily a cosmetic procedure; expenses incurred outside the United States, its

possessions, territories or Canada; or experimental or investigative treatment. Other exclusions are listed in detail in the certificate you will receive when you purchase Short Term Medical.

*\* Pre-existing Condition: A medical condition due to sickness or injury for which the insured received medical treatment or advice from a provider within the 5-year period immediately preceding the effective date of coverage, regardless of whether the condition was diagnosed or not diagnosed; or that produced signs or symptoms within the 5-year period immediately preceding the effective date of coverage, which should have caused an ordinarily prudent person to seek diagnosis or treatment.*

## When Does Your Coverage Begin?

**Your coverage will begin the later of:**

- 1) 12:01 a.m. the day of your requested effective date; or
- 2) 12:01 a.m. the day after the postmark date affixed by the U.S. Post Office\*, provided the following conditions are met:

- Your enrollment form and the full premium payment are received by Fortis Insurance Company;
- Your answers on the enrollment form are complete and meet the requirements for acceptance.

*\* If the envelope containing your enrollment form is not postmarked by the U.S. Post Office, or if the postmark is not legible, the effective date of coverage will be the later of: a) your requested date; or b) the date the enrollment form is received via mail by Fortis Insurance Company.*

## Authorization

Fortis Insurance Company uses an authorization service which ensures that you and your family receive the most appropriate and cost effective care available. The authorization process must be followed in its entirety to receive maximum benefits. This process is explained in detail for you in the certificate. **Benefits for unauthorized services of otherwise covered expenses will be reduced.** No benefits will be paid for a transplant if the procedure was not authorized prior to the beginning of the donor search and selection.

## Purchasing an Additional Short Term Medical Plan

**Fortis Insurance Company's Short Term Medical plans are not renewable.**

However, if your temporary need continues beyond your policy period, you may apply for a new plan under the following circumstances:

- No claims were incurred under a previous Fortis Short Term Medical plan
- There has been no significant change in your health

Any previous or current health condition or symptom will be considered a pre-existing medical condition that will not be covered under a new plan. There is no continuous coverage between plans — therefore your new plan will not provide benefits for any condition or symptom which began during a previous plan. In addition, no benefits are available for any period in which you are not covered by a Fortis Short Term Medical plan.

To obtain an additional plan, you must complete a new enrollment form. If the enrollment form is approved, a new plan will be issued.

## Additional Benefit

Buy extra peace of mind with your Short Term Medical plan by purchasing an additional benefit —

**Accident Medical Expense.** This additional benefit is affordable and conveniently added to your Short Term Medical payment.

## Accident Medical Expense (AME)

No matter how old or how healthy you are, you can be injured in an accident. Approximately 125 million injury-related emergency room and physician office visits occur each year.\* Wouldn't you like to have insurance that helps with injury-related expenses?

For just a few cents a day, Accident Medical Expense (AME) can provide you with this type of coverage. With AME, you get first dollar coverage in the event of an accident — up to the amount of your Short Term Medical deductible — for treatment of an accidental injury before any copay, deductible or coinsurance is applied.

If selected, all family members on the policy receive the AME benefit. Coverage is for the same duration as the Short Term Medical policy and treatment must occur within 90 days of the accident. All benefits are paid directly to the provider.

\* Source: National Center for Health Statistics, Accidents/ Unintentional Injuries and Office Visits to Physician, 2001.

**Note:** The additional benefit listed is for the same duration as your Short Term Medical policy. This benefit can only be added in conjunction with a Short Term Medical policy and cannot be bought as a standalone benefit.

## Choose from Two Convenient Payment Options

Fortis Insurance Company makes paying for your plan easy by offering two convenient payment options.

**Single Payment Option:** Ideal if you know the exact number of days coverage is needed. The minimum number of days you may apply for is 30. The maximum is 185 days (for the six month plan) or 365 days (for the 12 month plan).

**Monthly Payment Option:** Ideal if you are unsure how long you need coverage. This “pay as you go” option gives you the flexibility to continue coverage for as long as it's needed (up to 185 days with the six month plan or 365 days with the 12 month plan) or simply stop payments and discontinue the plan once your temporary need ends.

■ If you pay your initial 35 day premium by **VISA, MasterCard, or automatic charge to checking account**, each additional 30 days of coverage will be automatically charged to your account for up to 185 days (for the six month plan) or 365 days (for the 12 month plan). If your temporary need ends prior to this date, simply call 1-800-800-5453 and we will stop the automatic account charge.

Note: Seven days advance notice is required to ensure future account charges are stopped.

■ If you pay your initial 35 day premium by **check or Discover Card**, Fortis Insurance Company will send you a sheet of payment coupons shortly after you receive your certificate. Each coupon is for an additional 30 days of coverage.

## Premium Refunds

If you are not 100 percent satisfied with the plan, you may return the certificate and identification cards within 10 days of delivery for a premium refund. No questions asked! After the 10-day free look period, premiums are not refundable.

Note: The \$20 application fee is non-refundable.

## Apply Now!

Applying for Short Term Medical is as easy as 1-2-3!

1. Calculate the premium for your Short Term Medical coverage and any of the Additional Benefits of your choice. Refer to the Premium Calculation instruction sections to the right.
2. Complete all information, sign and date the enrollment form.
3. Detach the enrollment form, insert it in an envelope with your payment and mail it to your agent.

**Checks or money orders should be made payable to:  
Fortis Insurance Company**

P.O. Box 3175, Milwaukee, WI, 53201-3175

If you have any questions, please contact the agent listed on the brochure or call Fortis Insurance Company at **1-800-800-5453**.

**Short Term Medical is not available to residents of Hawaii, Massachusetts, New Jersey, New York, and Vermont.**

**About This Brochure:** This brochure provides a brief description of the important features of the Short Term Medical plan. This is not the insurance certificate. The actual plan sets forth in detail the rights and obligations of both you and your insurance company. State mandated benefits, if applicable, are incorporated in your certificate.

Short Term Medical is underwritten and issued by Fortis Insurance Company.

Short Term Medical Premium Calculation		
Please refer to the Short Term Medical Daily Rate Chart below.		
<b>Step 1.</b> Choose a payment option — single or monthly.	<b>SINGLE PAYMENT</b>	<b>MONTHLY PAYMENT</b>
<b>Step 2.</b> List each applicant's daily rate. Rate chart is set up by age and deductible.* a) Applicant rate ..... b) Spouse rate .....	+ _____ + _____ = _____	+ _____ + _____ = _____
<b>Subtotal</b>	= _____	= _____
<b>Step 3.</b> List the per child rate .. Enter the number of dependent children..... Multiply the rate by the number of children.	x _____ x _____ = _____	x _____ x _____ = _____
<b>Subtotal</b>	= _____	= _____
<b>Step 4.</b> Add the subtotals from Steps 2 & 3.....	= _____	= _____
<b>Step 5.</b> Monthly factor .....	x 1.0	x 1.3
<b>Subtotal</b>	= _____	= _____
<b>Step 6.</b> Multiply the ZIP Code Factor by the subtotal in Step 5.	x 1.25	x 1.25
<b>Subtotal</b>	= _____	= _____
<b>Step 7.</b> Plan Type Up to 6 months enter 1.00... Up to 12 months enter 1.40...	x _____ x _____ = _____	x _____ x _____ = _____
<b>Subtotal</b>	= _____	= _____
<b>Step 8.</b> Rate of Payment 100% enter 1.25..... <i>Not available with \$250 deductible.</i> 80/20 enter 1.00..... 50/50 enter .80.....	x _____ x _____ = _____	x _____ x _____ = _____
<b>Subtotal</b>	= _____	= _____
<b>Step 9.</b> Lifetime Maximum Benefit Up to 6 months coverage \$2 million enter 0..... \$5 million add \$0.20 per person. # people on policy _____ x .20 = _____ <i>(enter this number)</i> Up to 12 months coverage \$1 million enter 0..... \$2 million add \$0.10 per person. # people on policy _____ x .10 = _____ <i>(enter this number)</i>	+ _____ + _____ = _____	+ _____ + _____ = _____
<b>Subtotal</b>	= _____	= _____
<b>Step 10.</b> Enter the number of days of coverage..... Multiply the number of days by the subtotal in Step 9.	x _____ <i>Minimum is 30 days, maximum is 365 days.</i>	x 35 <i>Subsequent monthly payments will be less as they are based on 30 day increments. To determine future monthly premiums, repeat the calculation using 30 days.</i>
<b>Subtotal</b>	= _____	= _____
<b>Step 11.</b> Application fee..... <i>(non-refundable)</i>	+ 20.00	+ 20.00* <i>one time fee only</i>
<b>Short Term Medical Premium Total</b>	= _____	= _____
* Choose one deductible amount per policy. * Application fee added to first month's premium only.		<b>Enter this amount in the Total Calculation Table or</b>

## Calculations for Additional Benefit

To add this additional benefit to your Short Term Medical policy, please complete the calculation instructions below.

AME Premium Calculation (optional)	
Please refer to the AME Rate Chart below.	
<b>Step A.</b> Enter the daily rate for your deductible.....	_____
<b>Step B.</b> Enter the number of people to be covered on the policy..... Multiply Step A and Step B.	x _____ = _____
<b>Subtotal</b>	= _____
<b>Step C.</b> Enter the number of days of coverage from Step 10 on previous panel.. Multiply the number of days of coverage by the subtotal in Step B.	x _____ = _____
<b>AME Total</b>	= _____
<b>Enter this amount in the Total Calculation Table.</b>	

Accident Medical Expense (AME) Rate Chart	
Deductible	Daily Rate (per person)
\$ 250	\$ 0.13
\$ 500	0.20
\$1,000	0.33
\$2,500	0.53
\$5,000	0.70

Total Calculation Table	
Short Term Medical Premium Total .....	_____
AME Total .....	+ _____
<b>TOTAL</b>	= _____
<b>Enter this amount on the enrollment form in the box marked TOTAL</b>	



If you are not adding any additional benefits to your Short Term Medical policy, stop here and enter the Short Term Medical Premium Total on the enrollment form (next page) in the box marked TOTAL.

Short Term Medical Daily Rate Chart					
Age	Deductible				
	\$250	\$500	\$1,000	\$2,500	\$5,000
0-14	\$2.10	\$1.40	\$1.20	\$0.90	\$0.70
15-19	2.70	1.80	1.50	1.20	1.00
20-24	2.50	1.70	1.50	1.10	0.90
25-29	2.50	1.60	1.30	0.90	0.80
30-34	2.70	1.80	1.30	1.00	0.80
35-39	3.20	2.20	1.70	1.20	1.00
40-44	3.60	2.40	1.90	1.40	1.10
45-49	4.20	2.80	2.40	1.70	1.40
50-54	5.70	3.80	3.20	2.40	1.90
55-59	7.40	5.20	4.20	3.10	2.50
60-64	10.50	7.00	5.80	4.20	3.40
Per Child	1.40	0.90	0.80	0.50	0.45

**Short Term Medical Enrollment Form**

**Georgia**



**REQUESTED EFFECTIVE DATE**

MONTH	DATE	YEAR

**CERTIFICATE/POLICY NUMBER**

--

**Note:** Effective date is assigned by Fortis Insurance Company. The effective date cannot be earlier than: 1. The day after: a) this form is signed; b) the date this form is postmarked for mailing to us; or c) the date we receive your enrollment request by electronic transmission, OR 2. If dates cannot be determined, the day we receive this form by mail. **The agent cannot assign an effective date different than this.**

APPLICANT'S NAME (Print Last, First, Middle)			SEX	BIRTH DATE / /	SOCIAL SECURITY NUMBER - - -
STREET ADDRESS			CITY, STATE, ZIP CODE		
SPOUSE'S NAME (If to be insured)			SEX	BIRTH DATE / /	SOCIAL SECURITY NUMBER - - -
CHILDREN (Name) (If to be insured)	BIRTH DATE	NAME	BIRTH DATE	NAME	BIRTH DATE
1.		2.		3.	

**NOTE: The plan cannot be issued if YES is answered to any questions. Under no circumstances can coverage become effective prior to the date this application is signed.**

Answer the following questions completely and accurately.

- |  |                          |                          |
|--|--------------------------|--------------------------|
|  | <b>Yes</b>               | <b>No</b>                |
| 1. Will you or any person to be insured have any other hospital, Major Medical or group health insurance in force on the effective date of this plan? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have/Are you, your spouse, or any person to be insured: .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| ◆ been denied insurance due to health reasons?   |                          |                          |
| ◆ now pregnant, an expectant parent or in the process of adopting a child?   |                          |                          |
| ◆ over 300 pounds if male, or over 250 pounds if female?   |                          |                          |
| 3. For any of the following conditions, within the last 5 years, have you or any person to be insured received any abnormal test results or medical or surgical treatment, or consulted a health care professional, or taken medication for: ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| ◆ heart disorder including but not limited to heart attack or chest pain?  |                          |                          |
| ◆ chronic respiratory conditions including but not limited to emphysema?   |                          |                          |
| ◆ stomach or ulcer symptoms; colitis or Crohn's disease; or hepatitis?   |                          |                          |
| ◆ immune system disorder or tested positive for HIV?   |                          |                          |
| ◆ uncorrected gall bladder disease or gallstones?  |                          |                          |
| ◆ alcoholism or alcohol abuse?   |                          |                          |
| ◆ stroke or circulatory system disorders?  |                          |                          |
| ◆ kidney disease?  |                          |                          |
| ◆ diabetes?  |                          |                          |
| ◆ cancer, tumor or internal cyst?  |                          |                          |
| ◆ chemical dependency or drug abuse?   |                          |                          |

Length of Coverage	Deductible Amount	Lifetime Maximum	Payment Option	Rate of Payment	TOTAL
<input type="checkbox"/> Up to 6 months	<input type="checkbox"/> \$250* <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$500 <input type="checkbox"/> \$2,500	<input type="checkbox"/> \$2 Million <input type="checkbox"/> \$5 Million	<input type="checkbox"/> Single payment:  _____ Days	<input type="checkbox"/> 100%* <input type="checkbox"/> 80% <input type="checkbox"/> 50%	
<i>* not available with 100% Rate of Payment</i>					
<input type="checkbox"/> Up to 12 months	<input type="checkbox"/> \$500 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$5,000	<input type="checkbox"/> \$1 Million <input type="checkbox"/> \$2 Million	<input type="checkbox"/> Monthly payment	<i>* not available on policies longer than 6 months</i>	

Accident Medical Expense

The undersigned attests that the information above is true to the best of his/her knowledge. The undersigned realizes that any false, or inaccurate statement or misrepresentation in the enrollment form may result in claim denial or contract rescission. Any person who injures, defrauds, or deceives any insurer, files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree. The undersigned understands that the plan applied for will not pay benefits for any expenses incurred on account of any condition which manifested itself before the effective date. The undersigned also understands that this is not a continuation of any previous medical plan, including any prior Short Term Medical plan.

PRIMARY PHYSICIAN'S NAME (IF ANY) \_\_\_\_\_ PRIMARY PHYSICIAN'S TELEPHONE NUMBER (OPTIONAL) \_\_\_\_\_

APPLICANT'S SIGNATURE	TODAY'S DATE
EMAIL ADDRESS	DAY TELEPHONE NUMBER
	EVENING TELEPHONE NUMBER

Form 28243-GA

**Please indicate your method of payment for the policy:**

- Check or Discover Card    VISA / MasterCard   Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ Authorized Amount \$ \_\_\_\_\_
- Automatic charge to checking account (Attach a voided check)

**When selecting a single payment or Discover Card:** I authorize Fortis Insurance Company to charge my account for the Short Term Medical policy listed above. I understand there will be no refund of premium after the 10-day free look period in the contract. The \$20 application fee is non-refundable.

**When selecting monthly payment with VISA / MasterCard / Automatic Charge to a checking account:** I authorize Fortis Insurance Company to charge my account each month for the Short Term Medical policy listed above, until the end of the policy or until I request cancellation. I understand I can request the charge be stopped if I notify Fortis Insurance Company 7 days in advance of the charge occurring. I also understand there will be no refund on premium after the 10-day free look period in the contract. The \$20 application fee is non-refundable.

Signature of Account Holder: \_\_\_\_\_ Date: \_\_\_\_\_

Agent Name: Benchmark Benefit Consulting   Agent ID #: 00014238000001   App Source: Internet