

# SHORT TERM MEDICAL

Temporary Health Insurance



**PETERSEN**<sup>®</sup>  
INTERNATIONAL UNDERWRITERS

# SHORT TERM MEDICAL PLAN



## DESCRIPTION OF AVAILABLE BENEFITS

The insurance described herein is a temporary medical insurance plan. This plan covers eligible expenses caused by an illness or injury and incurred from any doctor or any hospital within the USA.

## HOW COVERAGE WORKS

- 1 All eligible expenses are applied toward the deductible.**
- 2 Once the deductible has been fulfilled, the policy will cover 100% up to \$1,000,000.**

The Short Term Medical plan is set up to be as simple as possible - No co-pay & No coinsurance. Policy Maximum and deductible are per person, per policy period. There is a choice of \$100, \$250, \$500, \$1,000, \$2,500, \$5,000, or \$10,000 deductible.

## Eligible Expenses

**Hospital Expenses:** All medically necessary expenses while hospitalized including:

- Hospital room and board limited to semi-private daily rate,
- Hospital intensive care unit,
- Emergency room care,
- Outpatient surgery,
- Diagnostic services,
- Supplies and therapy.

**Physician Services:** All medically necessary expenses for treatment including:

- Physician services consisting of home, office, and hospital visits,
- Other medical care and treatment,
- Diagnostic services,
- Supplies and therapy.

**Skilled Nursing Facilities:** Skilled Nursing Facility room and board, provided confinement begins within 30 days following a Medically Necessary Hospital confinement of 3 days or longer.

**Home Health Care:** All medically necessary expenses if hospitalization would have been required if Home Health Care was not provided and the care is provided in accordance with a written plan established, approved and followed by a physician.

**Ambulance Services Expenses:** Ground ambulance service from Your temporary residence to and from a Hospital.

**Prescription Drugs:** Outpatient prescription medications covered up to a maximum of \$500.

**\$25,000 Accidental Death:** \$50,000 if accidental death occurs while riding as a passenger of a common carrier.

**Retro Date\* (*pre-existing conditions*):** This unique feature will allow you to receive follow-up treatment for covered accidents or sicknesses that occurred in prior policies. The retro date allows the insured to re-apply for coverage and have up to 11 months of protection without a new pre-existing condition being applied in subsequent policies. If more than 11 months is purchased a new pre-existing condition exclusion will apply.

\*The retro date is initially determined by the effective date of the first policy purchased. Applicant must re-apply via the expiry notice email sent by Petersen International Underwriters.

**This plan is not compliant with the Affordable Care Act**

This is not intended to be a complete outline of coverage. Actual wording may change without notice. Underwriters reserve the right to modify terms and benefits at time of underwriting.

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## PPO NETWORK

### In Network Coverage:

The First Health Network has providers in all 50 states. The network has more than 5,000 hospitals, over 90,000 ancillary facilities, and over 1 million health care professional service locations in the network. To locate a provider please use the following information:



**Provider Search – 800-226-5116**

**or**

**Provider Look-Up Website – [www.doctorsearchnow.com](http://www.doctorsearchnow.com)**

You may receive diagnosis and treatment of your Sickness or Injury from a Provider within the PPO Network, at your option. To find a Provider within the PPO Network please review the information on Your identification card. By utilizing the PPO network You may receive discounts and savings for any incurred Eligible Expenses. Utilizing the PPO network is not required and it does not guarantee that benefits will be payable or that the Provider will bill Us directly. You have the option to see any Provider whether they are in network or out of network.

### Out of Network Coverage:

We allow the insured to see any provider even if they are outside of the PPO Network. PPO Network discounts do not apply for treatment received out of network and expenses will be reimbursed up to UCR.

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## MONTHLY PREMIUMS

Age	\$100 Deductible	\$250 Deductible	\$500 Deductible	\$1,000 Deductible	\$2,500 Deductible	\$5,000 Deductible	\$10,000 Deductible
Child*	\$89	\$85	\$80	\$76	\$71	\$65	\$49
0-18	\$225	\$216	\$206	\$196	\$185	\$137	\$90
19-29	\$230	\$220	\$209	\$199	\$189	\$139	\$99
30-39	\$277	\$262	\$247	\$232	\$219	\$162	\$125
40-49	\$352	\$331	\$309	\$288	\$266	\$202	\$157
50-59	\$459	\$428	\$397	\$366	\$334	\$256	\$198
60-64	\$508	\$473	\$437	\$402	\$365	\$281	\$212

\*Child (Age 0-17) rate is only if applying in conjunction with an adult, otherwise use the 0-18 rate.

To add the Hazardous Sports or Activities Rider - Please Add 25% to the Above Rates

## CARRIER & PLAN ADMINISTRATOR

As Coverholder at Lloyd's of London, Petersen International Underwriters has the authority to quote, underwrite, and issue policies on behalf of certain underwriters at Lloyd's. The Lloyd's market has been in existence for over 325 years. No other insurance company can match the longevity, the flexibility, and the financial stability of Lloyd's of London. Realizing the value of the market, Petersen International Underwriters partnered with Lloyd's and became an approved Coverholder in 1983. Since then, we have developed a series of specialty Medical, Disability, and Life insurance products boasting the financial backing of Lloyd's of London.

# LLOYD'S

### Financial Ratings

A.M. Best: A (Excellent)

Standard & Poor's: A+ (Strong)

Fitch Ratngs: AA- (Very Strong)

## SPORTS & ACTIVITIES INCLUDED

**Included Sports or Activities** - Sports or Activities included in Your coverage. Participation in the following sports or activities are covered at no additional premium and without the need for prior declaration, when participating on a recreational and non professional basis during the term of insurance. Any involvement in these sports and/or activities is subject to your compliance with local laws and regulations and the use of recommended safety equipment (including but not limited to helmet, harness, knee and/or elbow pads).

- Aerobics
- Archery
- Baseball
- Basketball
- Badminton
- Banana boating
- Body boarding (boogie boarding) up to 10 foot waves
- Canoeing/kayaking/rafting (grade 1 only)
- Cross country running
- Curling
- Cycling (street)
- Deep sea fishing
- Elephant riding
- Fencing
- Fishing
- Go karting
- Golf
- Hot air ballooning (organized pleasure rides only)
- Indoor climbing (on climbing wall)
- Jet boating
- Paint balling/war games (wearing eye protection)
- Parasailing (over water)
- Rowing
- Running (non-competitive and not marathon)
- Sailing/yachting (if qualified or accompanied by a qualified person and no racing)
- Snorkeling
- Soccer
- Spear fishing up to 30 feet (without tanks)
- Swimming
- Swimming with dolphins
- Table tennis
- Tennis
- Trampolineing
- Trap shooting
- Trekking/hiking (without the need for climbing equipment) up to 10,000 feet above sea level
- Tug of war
- Volleyball
- Zorbing/hydro zorbing/sphering

### **Included Sports or Activities does not include:**

1. any sport and/or activity not listed above, or 2. any activity you do as a high school athlete, college athlete, semi-professional athlete, professional athlete, or in a race, or 3. any activity carried out against local warnings or advice, or 4. any activity if it is not carried out in a safe way, or 5. any activity if you act irresponsibly or put yourself in needless danger.

## HAZARDOUS SPORTS & ACTIVITIES OPTIONAL RIDER

**Optional Hazardous Sports or Activities Rider** - Hazardous Sports or Activities are the following list of activities which are considered to be more than a standard risk. This optional rider will provide up to \$250,000 for eligible expenses incurred by participation in the following:

- Bungee Jumping
- Driving/Riding a motor scooter
- Hang Gliding
- Horseback Riding (no jumping)
- Hiking/Trekking (without the need for climbing equipment) up to 20,000 feet above sea level
- Jet Skiing
- Mountaineering up to 10,000 feet
- Paragliding
- Roller skating/ inline skating
- Scuba diving (up to depth of 60 feet if PADI or equivalent qualified or accompanied by qualified instructor and not diving alone)
- Skydiving with an instructor
- Snow Skiing/ Snowboarding (excluding back country and helicopter skiing/boarding)
- Snowmobiling (trail riding only)
- Surfing up to 10 foot waves
- Tree canopy tours / Zip lining / repelling
- Wake Boarding
- Waterskiing
- White Water Rafting / canoeing / kayaking (grades 2-4 only).
- Windsurfing

### **Optional Hazardous Sports or Activities Does Not Include:**

1. any sport and/or activity not listed in the Optional Hazardous Sports and Activities Rider description, or 2. any activity you do as a high school athlete, college athlete, semi-professional athlete, professional athlete, or in a race, or 3. any activity carried out against local warnings or advice, or 4. any activity if it is not carried out in a safe way, or 5. any activity if you act irresponsibly or put yourself in needless danger.

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### PRE-EXISTING CONDITIONS LIMITATIONS

Pre-existing Condition means a condition caused or contributed to by a Sickness or Injury for which medical advice, diagnosis, care or treatment, including the use of prescription medication, including but not limited to ongoing condition(s), was recommended by or received from a licensed health care practitioner, and/or any symptom(s) and/or any condition(s) which would have caused a reasonably prudent person to seek medical attention during the twelve (12) months immediately preceding the Retro Date of the insurance described in this Certificate, whether disclosed or not on Your application or online enrollment.

### LIMITATIONS

1. The maximum Eligible Expense for room and board charges for an intensive care unit is three times the Provider's semi-private room rate.
2. The maximum Eligible Expense for outpatient prescription medication(s) is \$500.00 in the aggregate and for a maximum prescribed period of ninety (90) days for any one prescription.
3. PPO network discounts are only applicable to Eligible Expenses as defined in this wording. If benefits are not payable, You will be billed by the Provider at the full non-discounted rate.

### EXCLUSIONS

1. Any expense which You are not legally obligated to pay.
2. Services which are not Medically Necessary or are not furnished by and under supervision of a Physician.
3. Expenses for services and supplies for which You are entitled to benefits, services or reimbursement through the Veterans' Administration, Workers' Compensation insurance, any private health plan or from any other source except Medicaid.
4. Out of Network expenses in excess of UCR.
5. Intentional self-inflicted injuries while sane or insane.
6. Treatment for alcoholism, drug addiction, allergies, and/or Mental or Nervous Disorders and all related symptoms and side effects.
7. Rest cures, quarantine or isolation.
8. Cosmetic surgery unless necessitated by an accidental Injury.
9. Dental exams, dental x-rays and general dental care except as a result of an accidental Injury.
10. Eye glasses or eye examinations.
11. Hearing aids or hearing examinations.
12. General or routine examinations.
13. Injuries or Sicknesses sustained from participation in Hazardous Sports and Activities.\*
14. Pregnancy and pregnancy-related conditions including but not limited to fertility, pre-natal care, childbirth, miscarriage, abortion or postpartum conditions.
15. Injuries or Illnesses due to War or any Act of War whether declared or undeclared.\*
16. Injuries or Illnesses due to Terrorism or any Act of Terrorism whether declared or undeclared.\*
17. Injuries or Illnesses due to an Act of Terrorism involving the use or release of any nuclear weapon or device or chemical or biological agent, regardless of any contributory cause(s).
18. Injuries or Illnesses sustained while committing a criminal or felonious act.
19. Expenses incurred for or resulting from pain which is not supported by medical diagnosis.
20. Cataract surgery.
21. Any elective surgery, including but not limited to complications of previous elective or cosmetic surgeries.
22. Custodial Care.
23. Expenses for supplies and services that were not incurred within the USA.
24. Pre-existing conditions.

\* This exclusion can be removed if the appropriate additional premium has been paid and the optional benefit is indicated on the Schedule or attached by an endorsement.

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23929 Valencia Blvd, Second Floor    Valencia, CA 91355  
Phone: (800) 345-8816    EMail: [piu@piu.org](mailto:piu@piu.org)    Fax: (661) 254-0604    Website: [www.piu.org](http://www.piu.org)

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