

# The Short-Term Health Plan

*Health Insurance for Right Now*



## A Tight Squeeze

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Between a rock and a hard place. That's where you end up when you're without health insurance and unexpected medical bills put a tight squeeze on your savings.

Doing without health insurance – even temporarily – is a risky gamble. But there is a buffer of protection . . . a way to financially cushion yourself while you're temporarily without a traditional health plan.

It's called the Short-Term Health Plan – a \$1 million temporary health coverage plan from GHS Property & Casualty Insurance Company, a subsidiary of Blue Cross and Blue Shield of Oklahoma.

- Are you about to graduate and need health coverage until you land your first job?
- Have you recently gotten a new job and are waiting to become eligible for your employer's medical plan?
- Maybe you're between jobs and can't afford COBRA coverage. Under COBRA, you're required to pay the full cost of the health premium your former employer once subsidized – plus a 2% administration fee.
- Or, are you simply waiting to qualify for a personal health insurance policy?

If you're currently in any of these situations, you can benefit from a Short-Term Health policy. For only a small, one-time premium payment, a Short-Term Health policy gives you:

- The comprehensive coverage of a standard health policy – for up to six months.
- Six coverage terms – 30, 60, 90, 120, 150 or 180 days of coverage. You choose the amount of time you'll need the coverage.
- A choice of deductible amounts.
- Individual or family coverage.

You can take advantage of the Short-Term Health policy if:

- You're the applicant or spouse of the applicant and are: an Oklahoma resident; a U.S. citizen; not pregnant; and will not reach the age of 65 during the term of the policy.
- You're the unmarried dependent child of the Short-Term Health policyholder and less than age 20. If you're an unmarried dependent and full-time student, you can receive coverage until age 24.
- You haven't been turned down for health insurance coverage within the last five years and currently are not covered by any other health care plan.

## The Short-Term Health Policy – How It Works

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After you've met your deductible and out-of-pocket expenses, this coverage pays up to \$1 million in benefits, for whichever coverage term you choose. The policy pays:

- 80% of your covered medical expenses – up to the first \$5,000. You pay the deductible and the remaining 20% coinsurance.
- 100% of your covered medical expenses that exceed \$5,000, after you've met your deductible, coinsurance and out-of-pocket expenses.
- A maximum \$5,000 for covered expenses for inpatient mental and nervous disorder treatment.

Our Short-Term Health policy also lets you choose the deductible that best suits your budget.

Deductible*	Family Capping Maximum
\$ 250	\$2,500
\$ 500	\$3,000
\$1,000	\$4,000

\*After separate deductibles for three covered persons have been satisfied, or the Family Capping Maximum has been incurred, no further deductible is applied to any additional expenses of any covered person.

## What It Covers

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The Short-Term Health policy gives you the same comprehensive coverage as a traditional health plan. Here's what you can expect your coverage to take care of for you.

### Inpatient Hospital Expenses

- Semiprivate room and board
- Intensive care
- Surgery – including surgeon, assistant surgeon and consultant fees
- Anesthetist
- Registered Nurse

### Outpatient Expenses

- Surgery – including surgeon, assistant surgeon and consultant fees
- Anesthetist
- Registered Nurse
- X-ray and lab services

### Other Expenses

- Ambulance – \$200 maximum
- Prescription drugs

- Other durable medical equipment – except for items not medically necessary such as exercise bicycles, air purifiers or orthopedic shoes
- Prosthetic devices, including artificial limbs and eyes
- Up to 40 home health visits during any 12-month period – provided the care is physician-prescribed and medically necessary
- Complications of a pregnancy which begins while this coverage is in effect
- Skilled nursing care for up to 30 days following a hospital confinement if medically necessary

The Short-Term Health Policy does not cover preexisting conditions. A pre-existing condition is any condition: that within a five (5) year period immediately preceding the Effective Date of the coverage: (a) there was the existence of symptoms, whether or not a diagnosis has been made, which would cause an ordinarily prudent person to seek diagnosis, care or treatment, or (b) there was a condition, injury or illness for which medical advice or treatment was recommended by a physician or received from a physician.

## The Fine Print – Services The Policy Doesn't Cover

- Intentionally self-inflicted injury or illness, while sane or insane.
- Free services of a federal, veteran's, state or municipal hospital.
- Injury or sickness to the extent that benefits are paid by Medicare or any other government law or program (except Medicaid) or any motor vehicle no-fault law.
- Injury or sickness covered by Worker's Compensation or Occupational Disease laws.
- Injury or sickness resulting from war, an act of war or while in the military service of any country.
- Dental treatment, including temporomandibular joint dysfunction, except charges for treatment of a tumor or damage to natural teeth caused by accidental injury after this policy's effective date.
- Cosmetic surgery, except:
  - (1) reconstructive surgery that is incidental to or follows surgery resulting from trauma, infection or other diseases of the involved part;
  - (2) reconstructive surgery because of congenital illness or anomaly of a covered dependent child, born while this policy is in force, which has resulted in a functional defect.

- Routine physical or diagnostic exams in conjunction with routine physical exams.
- Normal pregnancy or childbirth. Routine well-baby care. Abortion except for complications of pregnancy as provided under limited benefits.
- Alcoholism, drug abuse or mental illness, except as provided under covered expenses.
- Services performed by a close relative or person who ordinarily resides in the covered person's home.
- Expenses for injury or sickness due to committing a felony or while under the influence of illegal narcotics.
- Custodial care.
- Expenses incurred outside the U.S. or its possessions.
- Charges for expenses incurred after this policy terminates, except as specified in Extension of Benefits.

## Short-Term Health Protection – How to Get It

Your Short-Term Health coverage takes effect the day after the postmark date on your application envelope indicates you mailed in your application. Or, you can specify a later date up to 30 days in the future. Read the contract carefully. If you're not happy with it, return it to our plan administrator's office within 10 days with a note that says you don't want it, and all premiums will be returned.

### Here's how to apply for coverage:

1. Complete and sign the self-addressed application form. Be sure to indicate the coverage term you need and your choice of deductible.
2. Check the back of the brochure to find your one-time payment. It's based on your age, your home zip code, the coverage term, the deductible you choose and the policy application fee.
3. Make your check payable to GHS Property & Casualty Insurance Company.
4. Enclose your check in the self-addressed application. Your coverage becomes effective at 12:01 a.m. on the day after the postmark date stamped on the application envelope unless a later date is selected.
5. If you need to file a claim, request a claim form by calling 1-800-942-5837. We will send you the proper claim forms to fill out and instructions on filing your claim.
6. For more information about the Short-Term Health policy, call 1-800-378-2362.

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**GHS PROPERTY & CASUALTY INSURANCE COMPANY  
SHORT-TERM HEALTH INSURANCE APPLICATION  
NONRENEWABLE**

INSURED'S NAME (Print LAST, FIRST, MIDDLE)		SEX __Male __Female	BIRTHDATE		
STREET ADDRESS		INSURED'S SOCIAL SECURITY #			
CITY, STATE, ZIP CODE		INSURED'S OCCUPATION			
SPOUSE'S NAME (If to be insured)		SEX __Male __Female	BIRTHDATE	SOCIAL SECURITY #	
CHILDREN - (FIRST NAME) If to be insured	SEX	BIRTHDATE	CHILDREN - (FIRST NAME)	SEX	BIRTHDATE
1.	__M__F		3.	__M__F	
2.	__M__F		4.	__M__F	

Do you, or any person for whom application is made, now have any other health insurance, Medicare or Medicaid?  
If YES, this policy cannot be issued. \_\_Yes\_\_No

Are you, your spouse, or any dependent for whom application is made, now pregnant?  
If YES, this policy cannot be issued. \_\_Yes\_\_No

Have you, or any person for whom application is made, been declined insurance due to health reasons within the last 5 years? If YES, this policy cannot be issued. \_\_Yes\_\_No

Have you, or any person for whom application is made had more than one short-term health policy within the past 6 months with GHS Property & Casualty Insurance Company? If YES, this policy cannot be issued. \_\_Yes\_\_No

Are you, or any person for whom application is made a non-United States citizen?  
If YES, this policy cannot be issued. \_\_Yes\_\_No

Do you, or any person for whom application is made, train for or participate in a team or individual sports activity as a professional; or national or international competition as an amateur? If YES, this policy cannot be issued. \_\_Yes\_\_No

Benefit Period (days) 30__ 60__ 90__ 120__ 150__ 180__	Deductible Options \$250__ \$500__ \$1000__	Total Premium: \$ ____ Application Fee: \$ 15.00 Total Remittance: \$ ____
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Requested Effective Date Month    Date    Year	NOTE: Coverage begins at 12:01 a.m. on the day after the postmark date stamped on the application envelope, or the date you specify, if later.
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I UNDERSTAND THAT: (1) PRE-EXISTING CONDITIONS ARE NOT COVERED BY THIS POLICY; and  
(2) the Effective Date may not be earlier than the day after this application is postmarked; and  
(3) the coverage under this policy is not renewable; and  
(4) the policy will not be issued to persons attaining the age of 65 during the benefit period; and  
(5) Children under 15 days of age on the Effective Date are not covered.

I REPRESENT THAT ALL INFORMATION PROVIDED ABOVE IS TRUE AND CORRECT AND ACKNOWLEDGE THAT MY COVERAGE IS SUBJECT TO CANCELLATION IF ANY INFORMATION IS FOUND TO BE FALSE OR INCORRECT.

X _____ Applicant's Signature Parent or guardian signature if applicant is under the age of 18.	_____ Date	X _____ Licensed Authorized Agent's Signature Agency / Agent's Number <u>00910</u>	_____ Date (BCBSOK Mktg. Rep.)
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THIS IS A LIMITED POLICY.

• FULL PAYMENT MUST ACCOMPANY THIS APPLICATION •

Make Check Payable To And Mail To:  
GHS Property & Casualty Insurance Company  
3401 NW 63rd • P.O.Box 60545  
Oklahoma City, OK 73146-0545

GHS 1099A (01/05)

FOLD THIS END FIRST

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## Short-Term Health – 30-day Rates\*

Area 1 Zip Codes: 730, 731							Area 2 Zip Codes: 740, 741						
Deductible Age	\$250		\$500		\$1,000		Deductible Age	\$250		\$500		\$1,000	
	Male	Female	Male	Female	Male	Female		Male	Female	Male	Female	Male	Female
Under 30	\$61	\$85	\$51	\$69	\$38	\$51	Under 30	\$56	\$74	\$46	\$62	\$34	\$46
30 - 34	79	101	65	83	47	61	30 - 34	70	91	59	74	43	56
35 - 39	95	117	79	96	57	70	35 - 39	86	105	70	87	52	62
40 - 44	114	133	95	111	69	81	40 - 44	104	122	86	98	62	72
45 - 49	143	155	116	127	86	94	45 - 49	129	139	104	114	77	85
50 - 54	174	177	143	146	104	108	50 - 54	157	159	129	131	95	96
55 - 59	220	209	181	172	133	126	55 - 59	199	189	161	153	118	113
60 - 64	285	254	233	205	170	152	60 - 64	256	226	211	187	153	137
1 Child	36		29		22		1 Child	31		26		18	
2 Children	70		57		42		2 Children	62		52		39	
3 Children	104		86		62		3 Children	95		79		57	
4+ Children	139		114		85		4+ Children	126		103		74	

Area 3 Zip Codes: All Other						
Deductible Age	\$250		\$500		\$1,000	
	Male	Female	Male	Female	Male	Female
Under 30	\$51	\$69	\$42	\$57	\$30	\$42
30 - 34	65	83	52	68	39	48
35 - 39	79	95	65	79	46	57
40 - 44	94	109	77	88	57	65
45 - 49	114	126	95	103	69	74
50 - 54	140	144	116	117	85	86
55 - 59	179	169	147	138	108	101
60 - 64	230	204	189	169	138	124
1 Child	29		23		17	
2 Children	57		46		34	
3 Children	86		70		51	
4+ Children	113		94		68	

Note: If your application is for a child only, please use the rates from the "Under 30" category.

### Premium Calculation Worksheet

Step 1.	List the 30-day rate applicable for each person to be insured at their age using the first 3 digits of their zip code, age and deductible.	Male \$ _____ Female \$ _____ Children \$ _____
Step 2.	Add all rates and enter total on line A.	A \$ _____
Step 3.	Enter number of 30-day periods of coverage desired (maximum 180 days) on line B.	B _____
Step 4.	Multiply line A by line B and enter total on line C.	C \$ _____
Step 5.	Add application fee.	D \$ <u>15.00</u>
Step 6.	Add lines C and D. This is the total amount to be submitted with the application.	Total \$ _____

Be sure to read your policy. This brochure summarizes the Short-Term Health policy, but isn't an insurance policy or contract. Upon receipt of the policy, take time to read it carefully.

**Note:**

If you become covered by another plan while the policy is in force, premiums paid for this policy are nonrefundable. Remember, the Short-Term Health policy is temporary, nonrenewable coverage. It is not a permanent policy. If you still need temporary coverage after your coverage term under this plan ends, you may apply for another new term of Short-Term Health coverage. The new coverage term will be subject to a new deductible. And, the new policy will not cover any pre-existing condition, illness or injury, including those that developed during your original coverage term.

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Place  
Stamp  
Here

**GHS Property & Casualty Insurance Company**  
3401 NW 63<sup>RD</sup>  
P.O. Box 60545  
Oklahoma City, OK 73146-0545

Have you signed your application and enclosed your premium check?