



Coverage for
unexpected
Sickness
& Injury

Why Short Term Medical Insurance?

The Simple Term Health Insurance Plan provides insurance coverage in a different way. Short Term Health helps to protect you from the medical bills that can result from unexpected Injuries and Sickness.

Get the coverage you need with Short Term Medical Insurance

You can rely on the Simple Term Health Insurance Plan to provide the insurance coverage you need.



- Plans available up to 3 months
- Coverage as soon as the day after you apply
- Flexibility to choose your own Physician and hospital
- One common family Deductible per Policy Period

This is Short Term Medical Insurance that is not intended to qualify as the minimum essential coverage required by the Affordable Care Act (ACA). Unless you purchase a plan that provides minimum essential coverage in accordance with the ACA, you may be subject to a federal tax penalty.

Why Choose Simple Term?

FEEL SECURE:

We have years of experience and an excellent rating.

FEEL CONFIDENT:

You have access to convenient resources that make Short Term Medical Insurance easier to understand & help you save money.

FEEL RESPECTED:

No matter your question, concern or request, you can contact us knowing we'll treat you with respect.

Choose your Simple Term Health Insurance Plan

Eligible Expenses are subject to your selected Deductible and Coinsurance.

COPAY

(A specified amount of out-of-pocket expenses payable by the Covered Person for services at the time the service is rendered. This applies separately to each Covered Person for each visit up to the maximum)

DEDUCTIBLE

(The amount you must pay before Simple Term pays benefits)

COINSURANCE

(The percentage of Usual, Reasonable and Customary Expenses for which the Company and the Insured is responsible for a specified covered service after the Deductible is met)

POLICY PERIOD MAXIMUM

(Maximum amount your plan will pay toward medical bills per Covered person)

- \$35 or \$50 options available
- Unlimited Physician Office visit copays
- Deductible is per Covered Person per Coverage Period
- Once three family members have met their Deductible in a Coverage Period no further Deductible will apply for the Policy Period.
- During the Policy Period the Company will pay 50% or 80% of the next \$5,000 or \$10,000 of the Eligible Expenses after the deductible, 100% Eligible Expenses to the Policy Period Maximum

- \$1 million

PHYSICIAN OFFICE VISITS

- Covered for unexpected Sickness and Injury
- You may choose your own Physicians

HOSPITAL BENEFITS

- Inpatient and outpatient services are eligible
- Discounts for using facilities in the network
- Subject to terms and limitations as outlined in the coverage forms

EMERGENCY ROOM CARE

- Subject to terms and limitations as outlined in the coverage forms

AMBULANCE

- Service to nearest hospital able to treat condition

OUTPATIENT SERVICES

- Subject to terms and limitations as outlined in the coverage forms

X-RAY AND LABORATORY

- Subject to terms and limitations as outlined in the coverage forms
- Discounts for using Lab Card Select for lab testing savings

TRANSPLANT BENEFITS

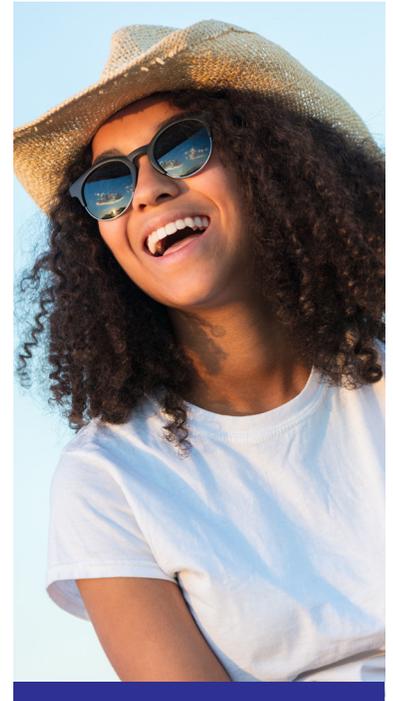
- \$100,000 with a limit of \$10,000 in donor expenses

This coverage contains a Pre-Existing Condition Limitation. Pre-Existing Condition means a disease or physical condition for which medical advice or treatment was recommended or received by the Covered Person during the 12 months prior or after the Covered Person's Effective Date of coverage, may vary by state.

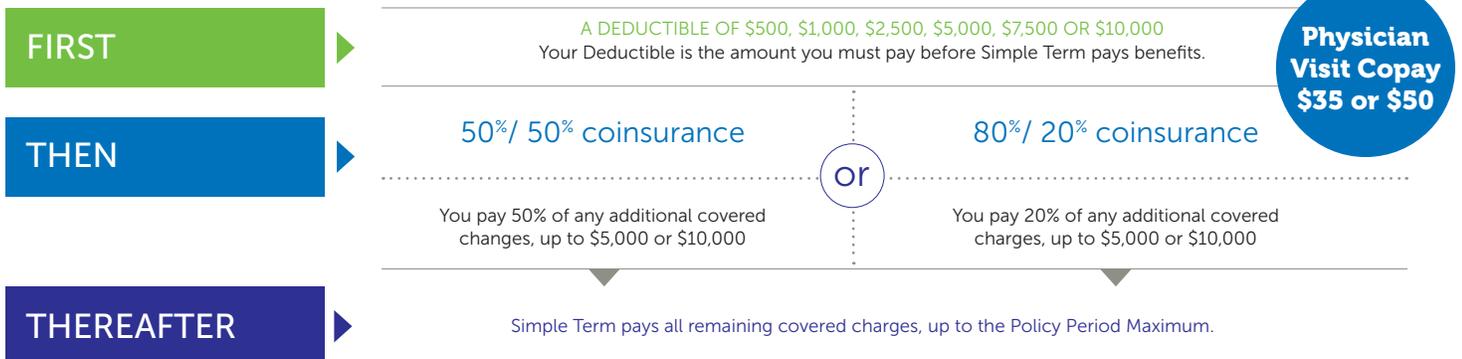
Policy terms, conditions, exclusions and limitations may vary by state. This product may not be available in all states.



Next day coverage is available. Don't be without Health Insurance!



How the Simple Term Health Insurance Plan Pays Short Term Medical Benefits



3 Quick & Simple

Steps to the Short Term Medical Insurance



Coverage can begin as soon as 12:01 a.m. the next day once application is processed and payment is posted.

Decide if Short Term Medical Insurance is right for you

Simple Term Medical Insurance coverage isn't right for everybody. To decide if it's right for you, think about the benefits you may want to consider, such as maternity care. You may want to consider a major medical plan that incorporates full health care reform benefits.



Know what's not covered

Knowing exactly what your Short Term Medical Insurance does and does not cover is important. To give you the best possible experience, we offer this summary of what is not covered. Complete details regarding Exclusions and Limitations are included in your policy.

- Treatment of a Pre-Existing condition, including those not inquired about on the enrollment form
- Preventive treatments, examinations or immunizations
- Illness or injury that is self inflicted or caused while engaged in a felony, under the influence, in military service, in a hazardous occupation or activity, or while engaged in intercollegiate sports
- Vision or dental treatments, foot care or orthotic
- Expenses incurred outside the United States, its possession and Canada
- Genetics or fertility treatment or testing
- Custodial care or private duty nursing
- Cosmetic, experimental, investigational or medically necessary treatment
- Hearing examination or hearing aids

Note: Plan limits may vary by state.

Please review short term medical insurance policy for a full list of state specific exclusions.

After Simple Term Medical Plan Expires...

This short term medical insurance is nonrenewable, and policy termination is not considered a qualifying life event for purposes of enrolling in a plan. Therefore, depending on your policy's termination date, when your Simple Term Medical Insurance expires, you may have a gap in insurance coverage until you can begin coverage with a new Major Medical Insurance Plan.

Payment Options

Single Payment - If you know the exact length of time you will need this coverage for and prefer to make one single payment for the entire Policy Period, this payment option is ideal. Simply enter the exact total number of days you need coverage (30 day minimum/90 day maximum).

Monthly Payment - If you are unsure how long you will need this coverage or prefer the convenience of making monthly installments, this option is ideal. Each monthly payment is for 1 month of coverage, up to a 3 months maximum Policy Period.

Payment methods include: automatic bank draft or credit card.

Note: 5 days advance written and signed notice from the Insured Person is required to ensure future credit card debits are discontinued.

This brochure provides summary information. Please refer to the insurance policy or ask your agent for a complete listing of benefits, exclusions and terms of coverage.

Simple Term Health Insurance Plan is the brand name for products underwritten by:

United States Fire Insurance Company
5 Christopher Way, 2nd Floor
Eatontown, NJ 07724

Simple Term is administrated by:  **insuranceTPA.com**SM
ADMINISTRATORS

This is a Simple Term Health Insurance Plan that is not intended to qualify as the minimum essential coverage required by the Affordable Care Act (ACA). unless you purchase a plan that provides minimum essential coverage in accordance with the ACA, you may be subject to a federal tax penalty.

*Underwritten by the United States Fire Insurance Company, 5 Christopher Way, 2nd Floor, Eatontown, NJ 07724. Rated "A" (Excellent) by AM Best (2015 Edition). Benefits not available in all states at this time. Coverage is not provided for insureds age 65 or over, coverage will terminate at the end of the month insured turns age 65. Changes to coverage underwritten by United States Fire Insurance Company can only be made if the change is the result of a qualifying life event. A qualifying life event means marriage, divorce, the death of your spouse, or the birth or adoption of a child. If coverage is canceled, persons may not re-enroll in coverage with United States Fire Insurance Company until six-months after their termination date.

This coverage contains a Pre-Existing Condition Limitation. Pre-Existing Condition means a disease or physical condition for which medical advice or treatment was recommended or received by the Covered Person during the 12 months prior or after the Covered Person's Effective Date of coverage, may vary by state.