

### About the Insurance Company

Liberty STM, under Policy Series STP-03 is underwritten by The Chesapeake Life Insurance Company (a UICI Company). Founded in 1956, The Chesapeake Life Insurance Company has protected millions of insureds and earned an "A-" (Excellent) rating from A.M. Best Company.

### About the Administrator

HPA is a fully licensed, full-service Third Party Administrator transacting business worldwide. Established in 1939, HPA is a third generation company providing state-of-the-art industry leading insurance services, including customer service, claims payment, billing and reporting. HPA's specialty products division was founded by Michael Kosloske who now serves as company president.

This brochure provides general information about the Liberty Short Term Medical Insurance Plan.

It is not a contract. The complete terms, provisions and conditions of coverage are described in the Policy issued by The Chesapeake Life Insurance Company and may vary by state.



The Competitor

# Liberty STM

Short Term Medical Insurance

## THE IDEAL SOLUTION FOR

- People between jobs
- New employee waiting periods
- Part-time or temporary employees
- Dependent child coverage
- College students or new graduates

## SPECIAL FEATURES

- Choose coverage for 30 to 180 days
- Convenient monthly pay option
- Freedom to choose any doctor or hospital
- Child only coverage available
- Maximum of three deductibles per family



Underwritten by: The Chesapeake Life Insurance Company, a UICI Company  
Rated A- (Excellent) by A.M. Best Reports  
Administered by: Health Plan Administrators, Inc., Rockford, IL  
Michael Kosloske, President  
Marketed by:

## What is Liberty STM?

Just because you don't have health insurance right now doesn't mean you won't have health problems. Liberty STM allows you and your family to purchase high quality and affordable medical coverage. You can choose to prepay for 30 days to 180 days or pay by monthly installments. Coverage is provided for physician services, surgery, prescription drugs, outpatient and inpatient care.

### How benefits are covered?

The benefit options for covered expenses for injury or sickness per insured person per benefit period.

**First, you meet your deductible.** Choose from five options: \$250, \$500, \$1,000, \$2,000 or \$5,000

**Then Liberty STM pays the coinsurance for the covered expenses: 80% up to \$10,000.**

**After this, Liberty STM pays 100%** of covered expenses up to your maximum of \$1 million per insured

### Who is eligible to apply?

You and your spouse (to 64 years and 11 months old) and your unmarried dependent children (between age 15 days to 19 years old, or 23 years old if a fulltime student) can apply for coverage provided they are in good health and: 1) will not have other hospital, major medical, health, governmental, or medical insurance coverage in force that will not terminate prior to the Effective Date; 2) have not been declined for insurance due to health reasons; 3) are not pregnant or the expectant father of an unborn child on the Effective Date; 4) have reached the age of 15 days and will be under age sixty-five (65) on the Termination Date; 5) are not to be Foreign visitors, non-US citizens or persons traveling outside the United States of America; and 6) have not received consultation or treatment within the past five years for any condition identified on the application.

### When does my coverage start?

Your coverage begins at 12:01 a.m. (where you live) on the Policy date listed on the application or the day after the postmark date on your application envelope, whichever is later. If your envelope is not postmarked by the U.S. Postal Service or the postmark is illegible, your Policy date will be the later of the date you request or the date HPA, Inc. receives the application.

## What medical expenses are covered?

### Inpatient (No Pre-certification is required):

- Room and board
- Hospital miscellaneous expenses
- Intensive care
- Physiotherapy
- Surgery
- Assistant Surgeon
- Anesthetist up to 25% of surgery allowance
- Registered Nurse
- Physician's visits
- Pre-admission testing

### Outpatient Treatments:

- Surgery
- Hospital miscellaneous expense
- Anesthetist up to 25% of surgery allowance
- Physician's visits
- Physiotherapy
- Medical emergency
- X-rays and laboratory tests
- Radiation therapy
- Tests and procedures
- Injections
- Chemotherapy
- Prescription drugs up to \$500 maximum

### Other Services:

- Ambulance - Ground transportation only
- Durable medical equipment
- Consultant
- Dental - Benefits are paid for Injury to Sound, Natural teeth only

Detailed information about these and additional Covered Expenses are listed in the Policy. Not all covered expenses apply in every state, and additional expenses might be covered in your state. Consult the Certificate / Policy for provisions in your state.

### What is a usual and customary charge?

This plan provides benefits based on Usual and Customary Charges, defined as the lesser of: 1.) the actual charge; 2.) what the provider would accept for the same service or supply in the absence of insurance; or 3.) the reasonable charge as determined by the Company, based on factors such as: a.) the most common charge for the same or comparable service or supply in a community similar to where the service or supply is furnished; b.) the amount of resources expended to deliver the treatment rendered; or c.) charging protocols and billing practices generally accepted by the medical community or specialty groups; or d.) inflation trends by geographic location.

### **When does coverage terminate?**

Coverage will terminate on the earlier of: 1.) the Benefit Period termination date; 2.) the last day of the period through which the plan cost is paid; 3.) the date the Insured Person attains age 65 or becomes Medicare eligible; or 4.) if a dependent child, the date on which his/her eligibility terminates.

### **Can I continue coverage?**

Liberty STM is issued on a temporary need and terminates at the end of the period applied for. If the need for temporary health insurance continues, you may apply for another new STM\* coverage period. Your application is subject to the eligibility and underwriting requirements. Furthermore the coverage is not continuous. Any condition that incurred expense during the last coverage period will be treated as a Pre-Existing Condition, and be excluded under the next coverage period. Applicants over the age of 64 are not eligible to re-apply for coverage.

\*Please note: The total amount of coverage can not exceed the maximum of 180 days in Minnesota, 363 days in Utah and you cannot reapply for coverage in Georgia, Idaho or Oregon.

### **What is a Family Deductible?**

With the **Family Deductible** benefit, your insured family is only required to satisfy three (3) deductibles during the benefit period.

### **Is there a free look period?**

Once you receive your Certificate / Policy, carefully review all information. If you are not satisfied for any reason, return the Certificate / Policy (within 10 days of receipt) with your written request for cancellation to HPA. Coverage will be cancelled as of the effective date and you'll receive a full refund (less the administration fee) — no questions asked.

### **Is there a Pre-Existing Condition limitation?**

Yes, Pre-Existing Conditions are not covered. A Pre-Existing Condition means 1.) the existence of symptoms within the five (5) years immediately prior to the Insured's Effective Date or, 2.) any condition which originates, is diagnosed, treated, or recommended for treatment or for which medication was prescribed or recommended within the five (5) years immediately prior to the Insured's Effective Date.

### **Is there coverage after termination?**

If an Insured incurs medical expenses after the Termination Date from a covered Injury or Sickness for which benefits were paid before the Termination Date, Covered Medical Expenses for such Injury or Sickness will continue to be paid as long as the condition continues: 1.) When Hospital Confined on the Termination Date, not to exceed 90 days after the Termination Date; or 2.) When not Hospital Confined on the Termination Date, not to exceed 30 days after the Termination Date. The Insured Person must: a.) have met his or her Deductible during the Benefit Period; and b.) be being treated for complications of or follow-up treatment for an Injury or Sickness which commenced during the Benefit Period.

The total payments made in respect of the Insured for such condition both before and after the Termination Date will never exceed the Maximum Benefit. After this "Extension of Benefits After Termination" provision has been exhausted, all benefits cease to exist, and under no circumstances will further payments be made.

### **How do I apply?**

To apply for Liberty STM insurance, simply:

- 1.) Complete and sign the attached application.
- 2.) Attach a check in the amount of the total premiums and fees for the coverage you've selected. No check is needed if payment by credit card.
- 3.) \*Mail the completed application and payment to:

**Health Plan Administrators, Inc.**

**P.O. Box 15250**

**Rockford, IL 61132-5250**

**[www.hpa-inc.com](http://www.hpa-inc.com)**

**1-800-277-3323**

\*If payment by credit card, you can fax the completed and signed application toll free to: 1-888-FAX-HPA1

## What are the plan exclusions and limitations?

Unless specifically listed as a Covered Expense in the Policy (or as may be provided by an Amendment Rider), no benefits will be paid for: a) loss or expense caused by, contributed to, or resulting from: or b) treatment, services or supplies for, at or related to: Pre-Existing Conditions, as defined in the policy;

- Addiction and codependency;
- Acne; acupuncture;
- Allergy, allergy testing; alopecia;
- Autistic disease of childhood, hyperkinetic syndromes, milieu therapy, learning disabilities, behavioral problems, parent-child problems, attention deficit disorder, conceptual handicap, developmental disorder or mental retardation;
- Biofeedback;
- Chronic Pain;
- Complications of any treatment or surgery that is excluded;
- Congenital conditions;
- Circumcision;
- Cosmetic; hirsutism; warts, nonmalignant moles and lesions;
- Dental Benefits are paid for injury to sound, natural teeth only;
- Custodial care;
- Elective Surgery/Treatments, elective abortion;
- Expenses incurred outside of the United States, its possessions, territories or Canada;
- Foot care;
- Health spa;
- Hearing examinations and aids;
- Hypnosis
- Immunizations, preventive medicines or vaccines;
- Injury caused or contributed by addiction or use of alcohol, intoxicants, hallucinogenics, illegal drugs, or medicines that are not taken as prescribed by a Physician;
- Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation;
- Benefits payable by Medicare or any other government law or program (except Medicaid); or medical coverage under any automobile insurance;
- Injury sustained while (a) participating in any intercollegiate, international or professional sport, contest or competition; (b) traveling to or from such sport, contest or competition as a participant; or (c) while participating in any practice or conditioning program for such sport, contest or competition;
- Lipectomy;
- Mental and Nervous Disorders;
- Motor vehicle Injury in excess of \$2,000;
- Normal pregnancy;
- Organ transplants;
- Participation in a riot or civil disorder; commission of or attempt to commit a felony or fighting;
- Prescription Drug, services or supplies as follows: a) Therapeutic devices or appliances, including hypodermic needles, syringes, support garments and other non-medical substances, regardless of intended use; b) Contraceptives; c) Immunization agents, biological sera, blood or blood products administered on an outpatient basis; d) Drugs labeled, "Caution - limited by federal law to investigational use" or experimental drugs; e) Cosmetic products; f) Drugs to cure or treat baldness,

## Exclusions and limitations continued

and anabolic steroids used for body building; g) Anorectics - drugs used for the purpose of weight control; h) Fertility or sexual enhancement drugs, such as Parlodel, Pergonal, Clomid, Profasi, Metrodin, Serophene, or Viagra; i) Growth hormones; or j) Refills in excess of the number specified or dispensed after one (1) year of date of the prescription;

- Private duty nursing;
- Rehabilitation Services;
- Reproductive and Infertility services;
- Research studies
- Routine Newborn Infant Care, well-baby nursery and related Physician charges in excess of 48 hours for vaginal delivery or 96 hours for cesarean delivery;
- Routine physicals, testing or screening in the absence of Injury or Sickness;
- Sclerotherapy;
- Services or supplies from your immediate family;
- Skeletal irregularities of jaw, temporomandibular joint dysfunction, including orthognathia and mandibular retrognathia; deviated nasal septum, sub-mucous resection; nasal and sinus surgery;
- Injuries sustained from skydiving, parachuting, hang gliding, glider flying, parasailing, sail planing, bungee jumping, or flight in an aircraft, except while riding as a passenger on a regularly scheduled flight of a commercial airline;
- Sleep disorders;
- Suicide or attempted suicide; or intentionally self-inflicted Injury;
- Surgery to the Breast for reduction, augmentation, implants, prosthetic devices or gynecomastia;
- Taxes; provider administrative expenses; travel, transportation or living expenses;
- Injuries sustained from Motorcycle, recreational vehicle; including but not limited to two or three wheeled motor vehicle, four wheeled all terrain vehicle (ATV), jet ski, ski cycle, snowmobile, skiing, scuba diving, surfing, roller skating, riding in a rodeo;
- Treatment in a Government hospital;
- Tonsils or adenoids;
- Vision services and supplies
- War or any act of war, declared or undeclared; or while in the armed forces of any country; and
- Weight management, obesity, surgery for removal of excess skin or fat or eating disorders such as bulimia and anorexia.
- Knee injury treatment, services or supplies are limited to a maximum of \$1,500 per person per certificate/policy.
- Gall bladder surgery is limited to a maximum of \$1,500 per person per certificate/policy.

Detailed information about these and other plan limitations and exclusions are listed in the Policy and may vary by state. **The Policy is deemed amended to conform to the minimum requirements of the laws of the state in which coverage is issued.**