

Secure STM

Short-term medical insurance
for individuals and families

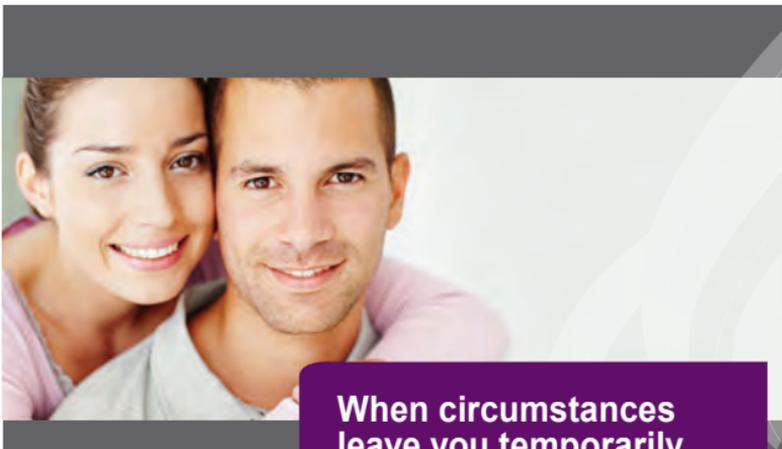


Underwritten by Standard Security Life Insurance Company of New York, a member of The IHC Group. For more information about Standard Security Life Insurance Company of New York and The IHC Group, visit www.ihcgroup.com.

This plan is not considered to be Minimal Essential Coverage as defined by the Patient Protection and Affordable Care Act (ACA).



IHC STM 0115



When circumstances leave you temporarily uninsured, the Secure STM short-term medical insurance plan helps protect you during the coverage gaps.

Secure STM offers several different benefit options that allow you to find the right answer for your specific coverage needs. Coverage is available in most states for 30-364 days.

Short-term medical insurance is not a substitute for a major medical plan that meets the minimum essential coverage levels as defined by the Patient Protection and Affordable Care Act, also known as ACA. It can, however, offer financial protection in the event of an unexpected injury or illness while you are waiting for coverage to begin under an ACA-qualified plan.

► **Missed open enrollment**

If you have missed the opportunity to secure coverage during the open enrollment period, you may be ineligible to buy a major medical policy until the next open enrollment period unless you have a qualifying event.

► **Newly hired**

Often, an employer-sponsored plan includes a waiting period before health insurance benefits begin.

► **Return from active military duty**

Many plans on the Health Insurance Exchange offer only one effective date, the first of the month. Depending on when you submit your application, you may have to wait up to 45 days for your coverage to begin.

► **Filling the gap**

Coverage can begin as early as the day following your online application, if approved, and last up to 364 days.

The maximum coverage period varies by state.

Secure STM coverage options

All benefits listed apply per covered person, per coverage period. Refer to the descriptions below the chart for additional benefit details.

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|---|--|
| <p>Office visit copay The number of copays available is determined by the selected plan duration.</p> <ul style="list-style-type: none"> ▶ 1 copay for 30–90 days of coverage ▶ 2 copays for 91–180 days (6 months) of coverage ▶ 3 copays for 181–364 days of coverage | <p>\$50 copay per visit</p> |
| <p>Deductible The selected deductible must be paid by the covered person before coinsurance benefits begin.</p> | <ul style="list-style-type: none"> ▶ \$1,000 ▶ \$2,500 ▶ \$5,000 |
| <p>Coinsurance percentage and out-of-pocket After the deductible has been met, the Secure STM plan pays the selected percentage of covered charges. The covered person is responsible for the remaining percentage of covered charges until the selected out-of-pocket amount has been reached.</p> <p>The out-of-pocket amount is specific to charges applied to coinsurance; it does not include the deductible.</p> | <ul style="list-style-type: none"> ▶ 80% coinsurance Out-of-pocket: <ul style="list-style-type: none"> ▶ \$2,000 ▶ \$3,000 ▶ \$4,000 ▶ 70% coinsurance Out-of-pocket: <ul style="list-style-type: none"> ▶ \$3,000 ▶ \$4,500 ▶ \$6,000 ▶ 50% coinsurance Out-of-pocket: <ul style="list-style-type: none"> ▶ \$5,000 ▶ \$7,500 ▶ \$10,000 |
| <p>Maximum benefit</p> | <p>\$2 million</p> |

Office visit copay

The \$50 copay applies to the physician’s consultation charge. After the copay, the plan pays 100 percent of the consultation charge balance. Other covered services performed during the office visit are subject to deductible and coinsurance. Office visits above the allotted number based on coverage duration are subject to deductible and coinsurance.

Family deductible

When three covered persons in a family each satisfy their deductible, the deductibles for any remaining covered family members are deemed satisfied for the remainder of the coverage period.

Coinsurance percentage and out-of-pocket

Once the deductible and coinsurance out-of-pocket amounts have been paid, additional covered charges within the coverage period are paid at 100 percent, up to the maximum benefit. The coinsurance out-of-pocket does not include any precertification penalty amounts or expenses not covered by the plan. Benefit-specific maximums may apply.

Payments to suit your situation

Secure STM offers two options for premium payment: monthly or single. Payments may be made using check, money order, credit card or automatic bank withdrawal. Monthly payment is available for up to 364 days.

If you know exactly how many days you need coverage, you can pay the entire premium up front at a reduced rate. Single payments can be made for a minimum of 30 days to a maximum of 180 days.

Utilize a network provider and save

With a Secure STM plan, you have access to discounted medical services through two national preferred provider organizations (PPOs). These network providers have agreed to negotiated prices for their services and supplies. While you have the flexibility to choose any health care provider, the discounts available through network providers for covered services may help to lower your out-of-pocket costs.

MultiPlan—www.multiplan.com

One of the nation's largest networks, MultiPlan has more than 650,000 providers in 50 states, including physicians, and inpatient and outpatient facilities.

ACS—www.anci-care.com

A comprehensive network of 38,000 ancillary service providers, ACS represents providers of outpatient services, including lab and diagnostic testing, but it does not include physicians.

To search for a network healthcare provider or facility, please visit the websites listed above. At the time of service, simply present your identification card, which will include the network information needed for the provider to correctly process covered charges.

MultiPlan and ACS are not affiliated with Standard Security Life Insurance Company of New York, nor are they part of this insurance plan.

Covered expenses¹

All benefits are subject to the selected plan deductible and coinsurance. Covered expenses are limited by the Usual, Reasonable and Customary Charge as well as any benefit-specific maximum. If a benefit-specific maximum does not apply to the covered expense, benefits are limited by the coverage period maximum.

Covered expenses include treatment, services and supplies for:

- ▶ Physician services during an office visit
- ▶ Emergency room, outpatient facility or ambulatory surgical center charges
- ▶ Surgeon services in the hospital or ambulatory surgical center
- ▶ Services when a doctor administers anesthetics up to 20 percent of the primary surgeon's covered charges

¹Benefits may vary by state

- ▶ Assistant surgeon and surgeon's assistant services up to 20 percent of the primary surgeon's covered charges
- ▶ Ground ambulance services up to \$500 per occurrence
- ▶ Air ambulance services up to \$1,000 per occurrence
- ▶ Organ, tissue, or bone marrow transplants up to a \$150,000 coverage period maximum
- ▶ Acquired Immune Deficiency Syndrome (AIDS) up to a \$10,000 coverage period maximum²
- ▶ Blood or blood plasma and their administration, if not replaced
- ▶ Mammography, Pap smear and prostate antigen test (covered at specific age intervals; not subject to deductible)
- ▶ X-ray exams, laboratory tests and analysis
- ▶ Oxygen, casts, non-dental splints, crutches, non-orthodontic braces, radiation and chemotherapy services and equipment rental

Inpatient covered expenses

- ▶ Room and board, doctor visits and general nursing care up to the most common average semi-private room rate
- ▶ Intensive care or specialized care unit up to three times the average semi-private room rate
- ▶ Prescription drugs administered while hospital confined

Pre-existing condition limitation

Secure STM will not provide benefits for any loss caused by or resulting from a pre-existing condition. A pre-existing condition is any medical condition or sickness for which medical advice, care, diagnosis, treatment, consultation or medication was recommended or received from a doctor within five years immediately preceding the covered person's effective date of coverage; or symptoms within the five years immediately prior to the coverage that would cause a reasonable person to seek diagnosis, care or treatment.

Usual, Reasonable and Customary Charge

The Usual, Reasonable and Customary Charge for medical services or supplies is the lesser of: a) the amount usually charged by the provider for the service or supply given; or b) the average charged for the service or supply in the locality in which it is received.

With respect to the treatment of medical services, usual, reasonable and customary means treatment that is reasonable in relationship to the service or supply given and the severity of the condition. In reaching a determination as to what amount should be considered as usual, reasonable and customary, we may use and subscribe to a standard industry reference source that collects data and makes it available to its member companies.

²The AIDS maximum of \$10,000 per coverage period does not apply to policies/certificates issued to residents of AZ, CA, DC, ID, MD, ME, MO, or NC. The maximum benefit in KS is \$75,000 per coverage period.

Eligibility

Secure STM is available to all members of Communicating for America, Inc. (CA) who are between the ages of 18 to 64, their spouse, and dependent children up to age 26.³ Each applicant must be able to qualify based on the plan's application questions and underwriting guidelines. Child-only coverage is available for children ages 2, up to age 18.

Effective date

Upon approval, coverage can begin as early as the day following your online application submission or the postmark date stamped on your envelope. You may request a later effective date up to 60 days after the application date. All coverage is subject to approval and payment of the first premium.

Right to return period

If you are not completely satisfied with this coverage and have not filed a claim, you may return the Certificate of Insurance within 10 days and receive a premium refund.

Precertification

You must notify the professional review organization 10 days prior to an elective or nonemergency hospital admission or surgery and 48 hours following an emergency admission to the hospital, or as soon as reasonably possible. Failure to precertify will result in a benefit reduction of 50 percent. Precertification is not a guarantee of benefits.

Coverage length

Secure STM is specifically designed to fill a temporary insurance need. Coverage stops at the end of the period for which you apply. Monthly payment is available for up to 364 days of coverage and single payments can be made for a minimum of 30 days to a maximum of 180 days.

Continuing coverage

Although STM is not renewable, if your need for temporary health insurance continues, most states allow you to apply for a new Secure STM plan. Your application is subject to eligibility, underwriting requirements and state availability of the coverage. The next coverage period is not a continuation of the previous period; it is a new plan with a new deductible, coinsurance, and pre-existing condition limitation.

Coverage termination

Coverage ends on the earliest of the date: the premium is not paid when due; you cease to be a member of the association⁴; the group master policy terminates; you enter full-time active duty in the armed forces; or Standard Security Life Insurance Company of New York determines intentional fraud or material misrepresentation has been made in filing a claim for benefits. A dependent's coverage ends on the earliest of the date: your coverage terminates; the dependent becomes eligible for Medicare; or the dependent ceases to be eligible.

³CA membership requirement varies by state.

⁴Applies only to states where association membership is required.

Exclusions

The following is a partial list of services or charges not covered by Secure STM:⁵

- Any services that are not medically necessary, as defined in the policy
- Eye exams, eyeglasses, hearing aids
- Dental or orthodontic services and any treatment for jaw joint problems
- Outpatient prescription or medications
- Conditions resulting from an act of war
- Pregnancy or childbirth, except for complications of pregnancy; newborn treatment prior to discharge from the hospital, unless the charges are medically necessary to treat premature birth, congenital injury or sickness, or sickness or injury sustained during or after the birth; any infertility or sterilization treatments
- Spinal manipulation or adjustment
- Services or supplies provided by your immediate family
- Medical care received outside of the United States
- Charges eligible for payment by Medicare and any expenses paid or payable under workers' compensation
- Cosmetic surgery, treatment for acne, hair loss or varicose veins
- Physical exams and other services not needed for medical treatment, except as specifically covered
- Experimental or investigational services
- Learning disabilities, attention deficit disorder, hyperactivity or autism
- Mental illness or nervous disorders, suicide or attempted suicide
- Alcohol or drug dependency and disorders
- Obesity treatment or weight reduction, including all forms of surgery
- Sleep disorders
- Participation in school or organized competitive sports or any high-risk sport, including riding an all-terrain vehicle, snowmobile or go-cart

⁵*Limitations and exclusions may vary by state. Please see the Policy/Certificate of Insurance for detailed information about these and other plan limitations and exclusions.*

Short-term medical expense coverage under the Secure STM plan is not available in all states.

In the states of ID, IN, KS, LA, MD, ME, MN, MT, NV and SD coverage is offered under an Individual Short-Term Medical Expense Insurance Policy Form No. SSL-ISTM-1104. The policy form number will vary based on the state in which it is issued.

In other states, short-term medical expense coverage is available to members of Communicating for America, Inc. (CA), the Group Policyholder and is issued in the District of Columbia under Group Policy Form SSL-STMP-1104. Coverage is offered under a group Certificate of Insurance, Form No. SSL-STM-1104. CA is a national, non-profit 501c3 association headquartered in Fergus Falls, Minnesota, with an office in Washington, D.C., that has been providing valued member benefits and savings since 1972. Your enrollment as a member of CA is completed upon receipt of the association dues. CA is not affiliated with Standard Security Life Insurance Company of New York, nor is it part of the insurance coverage.

Standard Security Life Insurance Company of New York

Standard Security Life was founded in 1958 is domiciled in the State of New York and is headquartered in New York City. It is licensed in all 50 states, the District of Columbia, the Virgin Islands, and Puerto Rico. Standard Security Life provides various lines of life, health and disability insurance, including: employer medical stop-loss, disability benefit law (DBL), short-term medical, group major medical, individual and group dental and vision, individual accident and health insurance, group term life, specialty programs designed for volunteer emergency service personnel including group life insurance and service awards programs. Standard Security Life is rated A- (Excellent) by A.M. Best Company, Inc., a widely recognized rating agency that rates insurance companies on their relative financial strength and ability to meet policyholder obligations (an A++ rating from A.M. Best is its highest rating).

The IHC Group

The IHC Group is an organization of insurance carriers and marketing and administrative affiliates that has been providing life, health, disability, medical stop-loss and specialty insurance solutions to groups and individuals for over 30 years. Members of The IHC Group include Independence Holding Company (NYSE:IHC), American Independence Corp. (NASDAQ: AMIC), Standard Security Life Insurance Company of New York, Madison National Life Insurance Company, Inc. and Independence American Insurance Company. Each insurance carrier in The IHC Group has a financial strength rating of A- (Excellent) from A.M. Best Company, Inc., a widely recognized rating agency that rates insurance companies on their relative financial strength and ability to meet policyholder obligations. (An A++ rating from A.M. Best is its highest rating.) Collectively, the companies in The IHC Group provide insurance coverage to more than one million individuals and groups. For more information about The IHC Group, visit www.ihcgroup.com.

Important information

This brochure provides a brief description of the benefits, exclusions and other provisions of the Policy/Certificate of Insurance. For complete listings, see the Policy/Certificate of Insurance.

THIS IS A SHORT-TERM HEALTH BENEFIT 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. ALSO, THE TERMINATION OR LOSS OF THIS POLICY DOES NOT ENTITLE YOU TO A SPECIAL ENROLLMENT PERIOD TO PURCHASE A HEALTH BENEFIT PLAN THAT QUALIFIES AS MINIMUM ESSENTIAL COVERAGE OUTSIDE OF AN OPEN ENROLLMENT PERIOD. THIS POLICY INCLUDES A PRE-EXISTING CONDITION EXCLUSION PROVISION.