

Colorado Health Plan Description Form

Time Insurance Company
Name of Carrier

Medical expense policy
Name of Plan

PART A: TYPE OF COVERAGE

1. TYPE OF PLAN	Medical Expense Policy
2. OUT-OF-NETWORK CARE COVERED?	Yes. Policy makes no distinction between in & out of network care
3. AREAS OF COLORADO WHERE PLAN IS AVAILABLE	Plan is available throughout Colorado

PART B: SUMMARY OF BENEFITS

Important Note: This form is not a contract, it is only a summary. The contents of this form are subject to the provisions of the policy, which contains all terms, covenants and conditions of coverage. Your plan may exclude coverage for certain treatments, diagnoses, or services not noted below. The benefits shown in this summary may only be available if required plan procedures are followed (e.g., plans may require prior authorization, a referral from your primary care physician, or use of specified providers or facilities). Consult the actual policy to determine the exact terms and conditions of coverage.

	BENEFIT LEVELS <i>(Show maximums and separate deductibles where applicable)</i>
4. ANNUAL DEDUCTIBLE a) Individual b) Family	Circle the Deductible selected by the client: a) \$250 \$500 \$1,000 \$2,500 \$3,500 b) \$750 \$500 \$1,000 \$2,500 \$3,500
5. OUT-OF-POCKET ANNUAL MAXIMUM a) Individual b) Family	Out of pocket does not include deductible a) 100% coinsurance = \$0 out of pocket 80% coinsurance = \$2,000 out of pocket 50% coinsurance = \$5,000 out of pocket b) \$5,000
6. LIFETIME OR BENEFIT MAXIMUM PAID BY THE PLAN FOR ALL CARE	\$2 million
7A. COVERED PROVIDERS	All providers licensed or certified to provide covered benefits
7B. With respect to network plans, are all the providers listed in 7A accessible to me through my primary care physician?	Yes
8. ROUTINE MEDICAL OFFICE VISITS	Not covered
9. PREVENTIVE CARE a) Children's services b) Adults' services	a) Deductible waived; coinsurance b) Mammogram; no deductible

	BENEFIT LEVELS <i>(Show maximums and separate deductibles where applicable)</i>
10. MATERNITY a) Prenatal Care b) Not covered	a) Not covered except for complications b) Delivery & inpatient well baby care
11. PRESCRIPTION DRUGS Level of coverage & restrictions on prescriptions	Deductible; coinsurance
12. INPATIENT HOSPITAL	Deductible; coinsurance
13. OUTPATIENT/AMBULATORY SURGERY	Deductible; coinsurance
14. LABORATORY & X-RAY	Deductible; coinsurance
15. EMERGENCY CARE	Deductible; coinsurance
16. AMBULANCE	Deductible; coinsurance
17. URGENT, NON-ROUTINE, AFTER HOURS CARE	Deductible; coinsurance
18. BIOLOGICALLY-BASED MENTAL ILLNESS ⁴ CARE	Coverage is no less extensive than the coverage provided for any other physical illness
19. OTHER MENTAL HEALTH CARE a) Inpatient care b) Outpatient care	a) Not covered b) Not covered
20. ALCOHOL & SUBSTANCE ABUSE	Not covered
21. PHYSICAL, OCCUPATIONAL & SPEECH THERAPY	Deductible; coinsurance; 10 visit maximum per benefit period
22. DURABLE MEDICAL EQUIPMENT	Deductible; coinsurance; see policy for types of & circumstances of coverage
23. OXYGEN	Deductible; coinsurance
24. ORGAN TRANSPLANTS	Deductible; coinsurance; up to \$100,000 maximum per benefit period. Limited coverage for certain conditions and types of transplants only. See policy or ask your agent for details.
25. HOME HEALTH CARE	Deductible; coinsurance; 40 visits maximum per benefit period
26. HOSPICE CARE	Deductible; coinsurance; 30 days maximum per benefit period
27. SKILLED NURSING FACILITY CARE	Deductible; coinsurance; 30 days maximum per benefit period
28. DENTAL CARE	Deductible, coinsurance coverage is limited to hospital inpatient care required due to injury. Only the hospital charges are covered.
29. VISION CARE	Not covered
30. CHIROPRACTIC CARE	Deductible; coinsurance; 10 visit maximum per benefit period
31. SIGNIFICANT ADDITIONAL COVERED SERVICES (list up to 5)	Temporomandibular Joint (TMJ) and Craniomandibular Joint (CMJ) Dysfunction; \$1,000 maximum per benefit period

PART C: LIMITATIONS AND EXCLUSIONS

32. PRE-EXISTING CONDITION LIMITATION Period during which pre-existing conditions are not covered	12 months for all pre-existing conditions
33. EXCLUSIONARY RIDERS. Can an individual's specific, pre-existing condition be entirely excluded from the policy?	Yes
34. HOW DOES THE POLICY DEFINE A "PRE-EXISTING CONDITION"?	<p>A medical condition due to Sickness or Injury:</p> <ol style="list-style-type: none"> 1. For which the Insured received medical treatment or advice from a provider within the 12-month period immediately preceding the Effective Date of coverage, regardless of whether the condition was diagnosed or not diagnosed; or 2. That produced signs or symptoms within the 12-month period immediately preceding the Effective Date of coverage. The signs or symptoms must have been significant enough to establish manifestation or onset by one of the following tests: <ol style="list-style-type: none"> a. The signs or symptoms would have allowed one learned in medicine to make a diagnosis of the disorder; or b. The signs or symptoms should have caused an ordinarily prudent person to seek diagnosis or treatment. <p>A pregnancy that exists on the day before Your Effective Date will be considered a Pre-Existing Condition.</p>
35. WHAT TREATMENTS AND CONDITIONS ARE EXCLUDED UNDER THIS POLICY?	Exclusions vary by policy. List of exclusions is available immediately upon request from your carrier or agent. Review them to see if a service or treatment you may need is excluded from the policy

PART D: USING THE PLAN:

	USING THE PLAN:
36. Does the enrollee have to obtain a referral and/or prior authorization for specialty care in most or all cases?	Yes
37. Is prior authorization required for surgical procedures and hospital care (except in an emergency)?	Yes
38. If the provider charges more for a covered service than the plan normally pays, does the enrollee have to pay the difference?	Yes
39. What is the main customer service number?	1-800-800-2412
40. Whom do I write/call if I have a complaint or want to file a grievance?	Assurant Health P.O. Box 3089 Milwaukee, WI 53201 1-800-800-2412

41. Whom do I contact if I am not satisfied with the resolution of my complaint or grievance?	Write to: Colorado Division of Insurance ICARE Section 1560 Broadway, Suite 850 Denver, CO 80202
42. To assist in filing a grievance, indicate the form number of this policy; whether it is individual, small group, or large group; and if it is a short term policy.	Policy Form Number: 136.CO short term policy

PART E: COST

43. What is the cost of this plan?	Contact your agent or this insurance company, as appropriate to find out the premium for this plan. In some cases, plan costs are included in this form.
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PART F: PHYSICIAN PAYMENT METHODS, AND PLAN EXPENDITURES FOR HEALTH EXPENSES, ADMINISTRATION AND PROFIT

Any person interested in applying for coverage, or who is covered by, or who purchased coverage under this plan may request answers to the questions listed below. The request may be made orally or in writing to the agent marketing the plan or directly to the insurance company and shall be answered within five (5) working days of the receipt of the request.

What are the three most frequently used methods of payment for primary care physicians?

What are the three most frequently used methods of payment for physician specialists?

What other financial incentives determine physician payment?

What percentage of total Colorado premiums are spent on health care expenses as distinct from administration and profit?

Endnotes

1. "Network" refers to a specified group of physicians, hospitals, medical clinics and other health care providers that your plan may require you to use in order for you to get any coverage at all under the plan, or that the plan may encourage you to use because it may pay more of your bill if you use their network providers (i.e., go in-network) than if you don't (i.e., go out-of-network).
2. Out-of-pocket maximum. The maximum amount you will have to pay for allowable covered expenses under a health plan, which may or may not include the deductible or copayments, depending on the contract for that plan.
3. "Emergency care" means services delivered by an emergency care facility which are necessary to screen and stabilize a covered person. The plan must cover this care if a prudent lay person having average knowledge of health services and medicine and acting reasonably would have believed that an emergency medical condition or life or limb threatening emergency existed.
4. "Biologically based mental illnesses" means schizophrenia, schizoaffective disorder, bipolar affective disorder, major depressive disorder, specific obsessive-compulsive disorder, and panic disorder.
5. Grievances. Colorado law requires all plans to use consistent grievance procedures. Write the Colorado Division of Insurance for a copy of those procedures.