



Temporary Health Insurance 30 - 185 Days

Michigan

No one plans to have an unexpected illness or accident happen to them.

But let's face it — the unexpected does happen. That's why going without health insurance, even for a short time, puts you or your family at serious financial risk. Consider this — a basic knee injury could cost up to \$12,000* of your hard-earned money.

Don't take the chance! Short Term Medical from Fortis Insurance Company provides affordable health coverage that protects you and your family – for only dollars a day.

Short Term Medical is designed for people who are between permanent health plans. So, whether you are:

- Between jobs
- Looking for an alternative to COBRA
- A recent college graduate
- In a waiting period for employer-sponsored coverage
- A temporary or seasonal employee
- A dependent no longer covered by parent's plan
- On strike, laid-off, or losing your job

Short Term Medical can provide you with the peace of mind you deserve.

* Based on 2001 Fortis Health Short Term Medical claims experience.



How The Plan Works

You choose the plan that best meets your needs and budget! Simply select from your choice of deductibles, rate of payment options and length of coverage. Since these plans are not an HMO or PPO, you choose your own doctors and hospitals.

- **Deductible choices:** \$250, \$500, \$1,000 or \$2,500

If the **\$250 or \$500 deductible option** is selected, each covered person needs to satisfy a deductible before benefits are paid. Families will only need to satisfy a maximum of three deductibles.

If the **\$1,000 or \$2,500 deductible option** is selected, only **one deductible** needs to be satisfied by all covered family members.

- **Rate of payment options:** 100%, 80/20 or 50/50

Note: The 100% option is not available with a \$250 deductible.

- **Length of coverage options:** 30-185 days*

FIRST	You pay the deductible.		
THEN	100%	80/20	50/50
THEREAFTER	Fortis Insurance Company pays 100% of remaining covered expenses up to the plan maximum of \$2 million for each covered person.		

Additional Savings

For additional savings, you can use the doctors and hospitals participating in PHCS Healthy Directions. Simply call PHCS at **1-800-357-6847** or visit them on the web at **www.phcs.com**, to verify that your doctor or hospital is part of the PHCS Network. When using the web, click on "Find a Provider," then "Start New Search." Under Step #2, choose "Healthy Directions/ Access Advantage" from the drop down menu.

At the time of service, present your medical identification card with the PHCS logo on it and your provider will bill you at the reduced network rate for services.

Plan Highlights

- Coverage as early as the next day
- \$2 million coverage maximum
- Freedom to choose your own doctors and hospitals
- Prescription drug coverage
- In-hospital and outpatient benefits
- Semi private room and board
- Intensive care
- Lab and x-ray
- Ambulance service
- Managed care/pre-authorization procedure
- Extension of Benefits — up to 12 months if hospitalized
- Extension of Benefits Plus — 60 day/\$1,000 benefit for non-disabling conditions

Plan Exclusions

Fortis Insurance Company's Short Term Medical plan does not cover: pre-existing conditions*; intentionally self-inflicted injury; non-injury related dental or optical treatments; hearing aids; routine physical exams; normal pregnancy or childbirth; routine well child care; sterilization; treatment for infertility; weight reduction or weight control programs and related surgery; mental disorders, mental illness or substance abuse except as may be provided by an Amendment Rider; treatment for learning disorders or disabilities; removal of tonsils or adenoids; injuries due to hazardous occupations or activities; custodial care; repairs or replacement to prosthetic devices; cosmetic treatment or reconstructive or plastic surgery that is primarily a cosmetic procedure; expenses incurred outside the United States, its possessions, territories or Canada; or experimental or investigative treatment. Other exclusions are listed in detail in the certificate you will receive when you purchase Short Term Medical.

* *Pre-existing Condition: A medical condition due to sickness or injury for which the insured received medical or advice, diagnosis or care or for which treatment has been recommended or received from a provider within the 6-month period immediately preceding the effective date of coverage, regardless of whether the condition was diagnosed or not diagnosed.*

Who's Eligible For This Plans?

- Healthy individuals between the ages of 30 days and 64 years, 11 months, who have a temporary insurance need.
- Dependent children through age 18 (age 24 if full-time student) may be covered as dependents on their parent's plan.
- Foreign residents living in the U.S. for at least one year at the time of enrollment, with proof of Alien Registration Receipt Card, Visa or other appropriate documentation.

Choose from Two Convenient Payment Options

Fortis Insurance Company makes paying for your plan easy by offering two convenient payment options.

Single Payment Option: Ideal if you know the exact number of days coverage is needed. The minimum number of days you may apply for is 30 and the maximum is 185 days.

Monthly Payment Option: Ideal if you are unsure how long you need coverage. This "pay as you go" option gives you the flexibility to continue coverage for as long as it's needed (up to 185 days with the six month plan or 365 days with the 12 month plan) or simply stop payments and discontinue the plan once your temporary need ends.

- If you pay your initial 35 day premium by MasterCard or VISA, each additional 30 days of coverage will be automatically charged to your credit card until you have reached a total of six months of coverage. If your temporary need ends prior to the sixth month, simply call 1-800-800-5453 and we will stop the automatic credit card debit.

Note: Seven days advance notice is required to ensure future credit card charges are stopped.

- If you pay your initial 35 day premium by **check or Discover Card**, Fortis Insurance Company will send you a sheet of payment coupons shortly after you receive your certificate. Each coupon is for an additional 30 days of coverage.

Premium Refunds

If you are not 100 percent satisfied with the plan, you may return the certificate and identification cards within 10 days of delivery for a premium refund. No questions asked! After the 10-day free look period, premiums are not refundable.

Note: The \$20 application fee is non-refundable.

When Does Your Coverage Begin?

Your coverage will begin the later of:

- 1) 12:01 a.m. the day of your requested effective date; or
- 2) 12:01 a.m. the day after the postmark date affixed by the U.S. Post Office*, provided the following conditions are met:

- Your enrollment form and the full premium payment are received by Fortis Insurance Company;
- Your answers on the enrollment form are complete and meet the requirements for acceptance.

** If the envelope containing your enrollment form is not postmarked by the U.S. Post Office, or if the postmark is not legible, the effective date of coverage will be the later of: a) your requested date; or b) the date the enrollment form is received via mail by Fortis Insurance Company.*

Authorization

Fortis Insurance Company uses an authorization service which ensures that you and your family receive the most appropriate and cost effective care available. The authorization process must be followed in its entirety to receive maximum benefits. This process is explained in detail for you in the certificate. **Benefits for unauthorized services of otherwise covered expenses will be reduced.** No benefits will be paid for a transplant if the procedure was not authorized prior to the beginning of the donor search and selection.

Purchasing an Additional Short Term Medical Plan

Fortis Insurance Company's Short Term Medical plans are not renewable.

However, if your temporary need continues beyond your policy period, you may apply for a new plan under the following circumstances:

- No claims were incurred under a previous Fortis Short Term Medical plan
- There has been no significant change in your health
- Total days of coverage from all Fortis Short Term Medical plans cannot exceed 185 days in any 365 day period

Any previous or current health condition or symptom will be considered a pre-existing medical condition that will not be covered under a new plan. There is no continuous coverage between plans — therefore your new plan will not provide benefits for any condition or symptom which began during a previous plan. In addition, no benefits are available for any period in which you are not covered by a Fortis Short Term Medical plan.

To obtain an additional plan, you must complete a new enrollment form. If the enrollment form is approved, a new plan will be issued.

Apply Now!

Applying for Short Term Medical is as easy as 1-2-3!

1. Calculate the premium for the coverage of your choice. Refer to the Premium Calculation Instructions section to the right.
2. Complete all information, sign and date the enrollment form.
3. Detach the enrollment form, insert it in the envelope with your payment and mail it to your agent.

Checks or Money Orders should be made payable to: Fortis Insurance Company.

If you have any questions, please contact the agent listed on the brochure or call Fortis Insurance Company at **1-800-800-5453**.

Daily Rate Chart				
Age	Deductible			
	\$2,500	\$1,000	\$500	\$250
0-14	\$.90	\$1.20	\$1.40	\$2.10
15-19	1.20	1.50	1.80	2.70
20-24	1.10	1.50	1.70	2.50
25-29	0.90	1.30	1.60	2.50
30-34	1.00	1.30	1.80	2.70
35-39	1.20	1.70	2.20	3.20
40-44	1.40	1.90	2.40	3.60
45-49	1.70	2.40	2.80	4.20
50-54	2.40	3.20	3.80	5.70
55-59	3.10	4.20	5.20	7.40
60-64	4.20	5.80	7.00	10.50
Per Child	0.50	0.80	0.90	1.40

ZIP Code Factor Table	
Zip Code	Factor
All MI.....	1.05

This Plan is not available to residents of Hawaii, Massachusetts, New Jersey, New York and Vermont.

About This Brochure: This brochure provides a brief description of the important features of this plan. This is not the insurance certificate. The actual plan sets forth in detail the rights and obligations of both you and your insurance company. State mandated benefits, if applicable, are incorporated in your certificate.

Short Term Medical is underwritten and issued by Fortis Insurance Company a Fortis Health member Company, Milwaukee, WI.

Premium Calculation Instructions		
Please refer to the Daily Rate Chart and ZIP Code Factor Table on the previous panel.		
Step 1. Choose a payment option — single or monthly.	SINGLE PAYMENT	MONTHLY PAYMENT
Step 2. List each applicant's daily rate. Rate chart is set up by age and deductible.* a) Applicant rate b) Spouse rate	_____ + _____ = _____	_____ + _____ = _____
Subtotal	= _____	= _____
Step 3. List the per child rate Enter the number of dependent children..... Multiply the rate by the number of children	_____ X _____ = _____	_____ X _____ = _____
Subtotal	= _____	= _____
Step 4. Add the subtotals from Steps 2 & 3.....	= _____	= _____
Step 5. Monthly factor	X 1.0 = _____	X 1.3 = _____
Subtotal	= _____	= _____
Step 6. Multiply the ZIP Code Factor by the subtotal in Step 5.	X 1.05 = _____	X 1.05 = _____
Subtotal	= _____	= _____
Step 7. Rate of Payment 100% enter 1.18..... <i>Not available with \$250 deductible.</i> 80/20 enter 1.00 50/50 enter .80	X _____ = _____	X _____ = _____
Subtotal	= _____	= _____
Step 8. Enter the number of days of coverage. Multiply the number of days by the subtotal in Step 7.	X _____ = _____ <small>Minimum is 30 days, maximum is 185 days.</small>	X 35 = _____ <small>Subsequent monthly payments will be less as they are based on 30 day increments. To determine future monthly premiums, repeat the calculation using 30 days.</small>
Subtotal	= _____	= _____
Step 9. Application fee..... <i>(non-refundable)</i>	+ 20.00 = _____	+ 20.00* = _____ <small>one time fee only</small>
TOTAL	= _____	= _____
Enter this amount on the enrollment form in the box marked TOTAL .		
* Choose one deductible amount per policy * Application fee added to first month's premium only.		

Short Term Medical Enrollment Form Michigan

REQUESTED EFFECTIVE DATE

MONTH	DAY	YEAR



Note: Effective date is assigned by Fortis Insurance Company. The effective date cannot be earlier than: 1. The day after: a) this form is signed; b) the date this form is postmarked for mailing to us; or c) the date we receive your enrollment request by electronic transmission, OR 2. If dates cannot be determined, the day we receive this form by mail. **The agent cannot assign an effective date different than this.**

APPLICANT'S NAME (Print Last, First, Middle)		SEX	BIRTHDATE	SOCIAL SECURITY NUMBER
STREET ADDRESS		CITY, STATE, ZIP CODE		
SPOUSE'S NAME (If to be insured)		SEX	BIRTHDATE	SOCIAL SECURITY NUMBER
CHILDREN (First Name) (If to be insured)	BIRTHDATE	FIRST NAME	BIRTHDATE	FIRST NAME
1. _____	_____	2. _____	_____	3. _____

Note: The plan cannot take effect prior to the termination date of existing coverage, or cannot be issued if YES is answered to any questions. Under no circumstances can coverage become effective prior to the date this application is signed.

Answer the following questions completely and accurately.

	Yes	No
1. Will you or any person to be insured have any other hospital, Major Medical or group health insurance in force on the effective date of this plan?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have/Are you, your spouse, or person to be insured: • been denied insurance due to health reasons?	<input type="checkbox"/>	<input type="checkbox"/>
• now pregnant, an expectant parent or in the process of adopting a child?	<input type="checkbox"/>	<input type="checkbox"/>
• over 300 pounds if male, or over 250 pounds if female?	<input type="checkbox"/>	<input type="checkbox"/>
3. For any of the following conditions, within the last 5 years, have you or any person to be insured received any abnormal test results or medical or surgical treatment, or consulted a health care professional, or taken medication for.	<input type="checkbox"/>	<input type="checkbox"/>
heart disorder including but not limited to heart attack or chest pain; chronic respiratory conditions including but not limited to emphysema; stomach or ulcer symptoms; colitis or Crohn's disease; or hepatitis; immune system disorder, or tested positive for HIV; uncorrected gall bladder disease or gall stones; stroke or circulatory system disorders; kidney disease; diabetes; cancer, tumor or internal cyst; alcoholism or alcohol abuse; chemical dependency or drug abuse?		

LENGTH OF COVERAGE	DEDUCTIBLE AMOUNT	PAYMENT OPTION	RATE OF PAYMENT	TOTAL
<input type="checkbox"/> Up to 6 months	<input type="checkbox"/> \$250* <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$500 <input type="checkbox"/> \$2,500	<input type="checkbox"/> Single payment: _____ Days <input type="checkbox"/> Monthly payment	<input type="checkbox"/> 100%* <input type="checkbox"/> 80% <input type="checkbox"/> 50%	
<i>*not available with 100% Rate of Payment</i>				

The undersigned attests that the information above is true to the best of his/her knowledge. The undersigned realizes that any false, or inaccurate statement or misrepresentation in the enrollment form may result in claim denial or contract rescission. Any person who injures, defrauds, or deceives any insurer, files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree. The undersigned understands that the plan applied for will not pay benefits for any expenses incurred on account of any condition which manifested itself before the effective date. The undersigned also understands that this is not a continuation of any previous medical plan, including any prior Short Term Medical plan.

PRIMARY PHYSICIAN'S NAME (IF ANY) _____		PRIMARY PHYSICIAN'S TELEPHONE NUMBER (OPTIONAL) _____	
APPLICANT'S SIGNATURE _____		TODAY'S DATE _____	
() _____	() _____	AGENT NUMBER _____	LICENSED AGENT NAME (PLEASE PRINT) _____
DAY TELEPHONE	EVENING TELEPHONE		

Payment Method: Check or Discover VISA/MASTERCARD

- When selecting monthly payment with Visa/Mastercard:** I authorize Fortis Insurance Company to charge my credit card each month, for the Short Term Medical policy listed above, until the end of the policy or I request cancellation. I understand I can request the charge be stopped if I notify Fortis Insurance Company 7 days in advance of the charge occurring. I also understand there will be no refund of premium after the 10-day free look period in the contract. The \$20 application fee is non-refundable.
- When selecting a single payment or Discover Card:** I authorize Fortis Insurance Company to charge my credit card for the Short Term Medical policy listed above. I understand there will be no refund of premium after the 10-day free look period in the contract. The \$20 application fee is non-refundable.

Card Number _____ Expiration Date _____ / _____ Authorized Amount _____

Signature of Cardholder _____ Date _____

Agent Name _____ Agent ID #: _____ App Source _____