



UNIFIED LIFE INSURANCE COMPANY



Premier STM

Short Term Medical Group Insurance Underwritten by:
Unified Life Insurance Company, P.O. Box 25326, Overland Park, KS 66225

Premier short term medical program NCESTM0415

Why Short-Term Medical

Short-Term Medical pays benefits but for a predetermined length of time. Your customers can select from a wide range of deductible and coinsurance options to tailor a plan to fit their lifestyle needs and budget!



Premier STM features are:

- **Selectable maximum benefit**
\$25,000 up to \$1,000,000.00
- **Choice of Coverage Period length**
6 or 11 months
- **Choice of deductible**
\$500, \$1,000, \$2,500, \$5,000
- **Choice of Out-of-Pocket Maximum**
\$5,000 or \$10,000 depending upon Maximum Benefit selection
- **Choice of Coinsurance Percentage**
80% Paid by Insurer/20% Paid by the Insured

It's great for those who are:

- Between jobs or have been laid off
- Waiting for employer benefits
- Part-time or temporary employees
- Recent graduates
- Without adequate health insurance

How your customers get started:

- Select a benefit period: 6 or 11 months
- Select a maximum benefit amount
- Select a deductible*

Premium varies based on the options chosen.

*Deductible per Coverage Period per Insured Family: Three (3) times the Insured Person Deductible

Premier STM Benefits*

Maximum Benefit	\$25,000	\$50,000	\$100,000	\$250,000	\$500,000	\$1,000,000
Deductible options** (choose one)	\$500, \$1,000, \$2,500, \$5,000	\$500, \$1,000, \$2,500, \$5,000	\$500, \$1,000, \$2,500, \$5,000	\$500, \$1,000, \$2,500, \$5,000	\$500, \$1,000, \$2,500, \$5,000	\$500, \$1,000, \$2,500, \$5,000
Maximum Out-of-Pocket	\$5,000	\$5,000	\$5,000	Choice of \$5,000 or \$10,000	Choice of \$5,000 or \$10,000	Choice of \$5,000 or \$10,000
Office Visit Co-Pay	\$25 Primary Care \$40 Specialist	\$25 Primary Care \$40 Specialist	\$25 Primary Care \$40 Specialist	\$25 Primary Care \$40 Specialist	\$20 Primary Care \$30 Specialist	\$15 Primary Care \$25 Specialist

*This is a short term medical group insurance policy underwritten by Unified Life Insurance Company that pays benefits based on the schedule in the policy and is separate from the NCE Membership. This insurance does not meet the requirements of the PPACA.

** Deductible per Coverage Period per Insured Family: Three (3) times the Insured Person Deductible

Inpatient Benefits

Benefits are payable by Us at the Coinsurance Percentage for Eligible Expenses in a Coverage Period after the Deductible has been satisfied. Benefits listed below are Daily Rates, including Nursing Charges.

Ward	80% of the Reasonable and Customary Charge up to Average Private Room
Semi-Private	
Observation Room	
Private Room	80% of Average Private Room
Intermediate Care, LTAC and Stepdown Unit	
Intensive Care Unit	
Extended Care Facility	Daily benefit of \$100 for up to 10 day(s) during any Coverage Period. Must be confined immediately following a 3 day minimum Inpatient Hospital Stay.

Outpatient Benefits

Benefits are payable by us at the Coinsurance Percentage for Eligible Expenses in a coverage period after the Deductible has been satisfied.

Doctor Office Visits	Unlimited Visits per Insured Person per Coverage Period
Emergency Room Access Fee ¹	\$200.00
Urgent Care Facility Access Fee ¹	\$50.00
Orthopedic Manipulation	up to \$1,000.00
Implantable Devices	10%

¹This amount is in addition to any deductible and coinsurance amount.

Limitations and Exclusions may apply.

Terminates at end of coverage period
Premier short term medical program NCESTM0415

Definitions

Coinsurance Percentage

The percentage payable by Us for Eligible Expenses in excess of the Deductible incurred by an Insured Person during the Coverage Period.

Deductible

The amount of Eligible Expenses specified in the Schedule of Benefits that must be incurred by each Insured Person or Insured Family during the Coverage Period before any Eligible Expenses are paid by Us. Eligible Expenses covered by a Copayment do not apply to the Deductible.

Eligible Expenses

Those expenses incurred as a result of an Insured Person's Bodily Injury or Sickness which:

- are Medically Necessary and which have been recommended and prescribed by a Doctor;
- are not in excess of the Maximum Allowable Charges, or any Maximum Benefit shown in the Schedule of Benefits, or any charges made in the absence of this insurance;
- are not excluded from coverage by this Policy;
- do not exceed any amounts payable under this Policy; and
- for which the Insured Person is legally liable.

Eligible Expenses are incurred on the date on which the service or supply that gives rise to the expenses is rendered or obtained and must be during the Coverage Period.

Emergency Room Access Fee

The amount You must pay each time You incur Eligible Expenses for Emergency Services provided in a Hospital emergency room. This amount must be paid anytime you receive Emergency Services in a Hospital emergency room and are not directly admitted to the Hospital as an Inpatient. This amount is in addition to any Deductible and Coinsurance amount.

Intermediate Care, Long Term Acute Care (LTAC) or Stepdown Unit

A section, ward or wing within a Hospital or property accredited free-standing facility which:

- provides more intensive care than regular room and nursing care;
- provides less intensive care than in the Intensive Care Unit;
- may maintain a telemetry monitoring system on all patients;
- requires a minimum of nurse/patient ratio of one to three; and
- is not a facility maintained for normal post-operative recovery treatment or service.

Out-of-Pocket Maximum

The maximum amount of Eligible Expenses as shown in the Schedule of Benefits paid by an Insured Person for Eligible Expenses incurred during a Coverage Period which are not payable by Us. This amount does not include any Deductible, Doctor Office Visit Copayments, Access Fees, or any expense paid by the Insured Person for charges incurred after the maximum benefit amount has been paid for a benefit under the Policy. After the Out-of-Pocket Maximum is reached, We will pay the remainder of the Eligible Expenses incurred by an Insured Person during the rest of the Coverage Period at 100%.

This short-term medical insurance is a TEMPORARY plan. It is NOT RENEWABLE and not meant to provide long periods of coverage. NO CONTINUOUS COVERAGE

Definitions (Continued)

Maximum Benefit

Coverage Period Maximum Benefit means the total amount specified in the Schedule of Benefits which will be payable by Us for all Eligible Expenses which are incurred by the Insured Person for all Bodily Injuries and all Sickness combined during the Insured Person's Coverage Period. No payment shall be made to, or on behalf of, the Insured Person to the extent that would cause the total amount paid by Us to exceed the Overall Maximum Benefit for the Coverage Period as shown in the Schedule of Benefits.

This provision shall apply to all benefits provided under the Policy.

Pre-Existing Condition

A Bodily Injury or Sickness, whether a physical or mental condition regardless of the cause for the condition, for which medical advice, diagnosis, care or treatment was recommended or received by an Insured Person within the twelve (12) month immediately before that person's Effective Date, or for which symptoms of a condition have occurred that would have led a prudent person to seek medical advice, diagnosis, care, or treatment during the twelve (12) months immediately before that person's Effective Date. Medical advice, diagnosis, care or treatment will be taken into account only if it is recommended by, or received from an individual licensed or similarly authorized to provide such services under state law and operating within the scope of practice authorized by state law. Medical treatment includes prescription medications.

Urgent Care Center Access Fee

The amount You must pay each time You incur Eligible Expenses for Urgent Care provided in an Urgent Care Center. This amount must be paid anytime You receive Urgent Care in an Urgent Care Center. This Access Fee is waived for conditions, which result in an admission to the Hospital as an Inpatient within 24 hours. This amount is in addition to any Deductible and Coinsurance amounts.

Pre-Existing Conditions Benefit

This Policy does not cover Pre-Existing Conditions. However, if a loss is due to a Pre-Existing Condition, We will pay up to the Pre-Existing Conditions Benefit Allowance.

Limitations & Exclusions

Eligibility

Eligibility is 21 to 64 years of age, with dependents covered until 26.

Unless specific exceptions to the following limitations and exclusions are made, no benefits shall be payable for any expenses caused by, incurred for, or resulting from:

- Bodily Injury or Sickness which arises out of or in the course of any occupation, self-employment, sole-proprietorship partnership or employment for wage or profit, or a Bodily Injury or Sickness for which the Insured has or had a right to compensation under any Workers' Compensation insurance or similar insurance, or under any Worker's Compensation law, occupational disease law or similar law.
- Services or supplies for which no charge is made, or for which the Insured Person is not required to pay, or which are not documented in the Insured Person's medical file, or for expenses arising from the treatment of a Bodily Injury or Sickness for which the Insured Person is not under the regular care of a Doctor, or for expenses which are not authorized or prescribed by a Doctor, or for which a third party (or his insurance coverage) is responsible.
- Pregnancy, except that Complications of Pregnancy shall be considered a Sickness under the Policy.
- War or any act of war.
- Participation in a riot; engaging in an illegal occupation; injury sustained while legally intoxicated and operating a motor vehicle; injury sustained while under the influence of any controlled substance (unless prescribed by and taken under the direction of a Doctor); or the commission of, or attempting to commit a felony.
- Prevention or correction of teeth irregularities, including removal of soft tissue impacted teeth and malocclusion of jaws by wire appliances, braces or other mechanical aids, or any other care, repair, removal, replacement or treatment of or to the teeth or any surrounding tissues, except:
 - treatment made necessary by Bodily Injury to Sound and Natural Teeth incurred while the Insured Person was insured under this Part; or
 - for the excision of partial bony or full bony impacted teeth or of a tumor or cyst, or an incision and drainage of an abscess or cyst.
- Cosmetic surgery nor any treatment for ensuing complications. Cosmetic surgery includes but is not limited to:
 - surgery to the upper and lower eyelid;
 - augmentation mammoplasty;
 - reduction mammoplasty;
 - revision of breast surgery for capsular contraction or replacement of prosthesis;
 - full or partial facial lifts;
 - dermal or chemo abrasion;
 - scar revision;
 - otoplasty;
 - lift, stretch or reduction of abdomen, buttocks, thighs or upper arm;
 - silicone injections to any part of the body;
 - circumcision;
 - rhinoplasty;
 - repair of diastasis recti;
 - abdominoplasty or panniculectomy; or
 - orthognathic surgery, unless such surgery is required for a condition resulting from congenital defects or birth abnormalities or from Bodily Injury, and (except for a newborn child) such Bodily Injury occurred while the Insured Person was insured under this Part.
- Elective surgery, treatment, drugs, or devices for sexual dysfunction, birth control or treatment of infertility, including sterilization, reversal of sterilization, penile implant, artificial insemination, in vitro fertilization of an ovum and/or development of an embryo in a laboratory, or use of fertility drugs.
- Treatment or surgery as the result of temporomandibular joint dysfunction, prognathism, retrognathism, micrognathism, or any treatment or surgery to reposition the maxilla (upper jaw), mandible (lower jaw), or both maxilla and mandible.
- Cataracts, Keratotomies or other surgical procedures to correct refractive errors, or examinations for and the cost of eyeglasses, contact lens or hearing aids.

Limitations & Exclusions

- Exogenous or morbid obesity, including but not limited to:
 - weight reduction programs of any type;
 - all surgical procedures for the purpose of or as the result of weight reduction of an Insured including complications from any such procedure(s); and
 - all surgical procedures for reconstruction, repair or reversal of gastric or jejunoileal bypass as a result thereof.
- Repair or replacement of artificial limbs or eyes.
- Inpatient and Outpatient prescription drugs.
- Expenses incurred for preventive services which are not directly related to treatment of a Bodily Injury or Sickness including, but not limited to, periodic physical examinations and tests, child supervisions services, development assessment for children, immunizations, laboratory tests, X-rays, blood pressure checks, mammography, cervical, colon, prostate and rectal cancer screening exams, bone density testing and other services for the early detection of diseases, charges for routine well baby care, including Hospital newborn nursery charges, or charges for genetic testing and counseling including when related to a current or planned Pregnancy except as may be otherwise indicated in the Schedule of Benefits.
- Taxes or administrative fees, unless required by applicable law; medical care or treatment to the extent that benefits are paid by Medicare or any other governmental law or program (except Medicaid) or by any automobile insurance, or services furnished by a Hospital or institution which:
 - does not meet the definition specified in the Policy; or
 - is owned or operated by the United States Government or any agency thereof
- Expenses for treatment, paring or removal of corns, calluses or toenails (other than partial or complete removal of nail roots) except when prescribed by a Doctor who is treating the Insured Person for a metabolic disease, such as diabetes mellitus or a peripheral-vascular disease such as arteriosclerosis; or treatment of the feet, including strained or flat feet, or instability or imbalance, by posting or strapping, or range of motion studies, or orthotics, or osteotomies, or hallux valgus repair, or orthopedic or corrective shoes, or other supportive devices.
- Expenses incurred as the result of attempted suicide or intentionally self inflicted Bodily Injury or Sickness while sane or insane.
- Expenses incurred on a date on which the Insured Person is not insured under this Part.
- Services received or supplies purchased outside the United State, its territories or possessions or Canada; or travel, transportation or living expenses.
- Services or supplies which are not Medically Necessary (including Experimental or investigative treatment) and charges in excess of the Maximum Allowable or which are for maintenance due to Bodily Injury or Sickness, including but not limited to such items as surgical stockings, special bras following breast reconstruction, or supplies for Durable Mechanical Medical Equipment and prosthetics (including but not limited to prosthetic socks and gel liners); or replacement parts or repairs to Durable Mechanical Medical Equipment and prosthetics (including replacement or repairs due to recall by the manufacturer or required by law or regulation).
- Custodial or Convalescence Care.
- An organ or tissue transplant replacement, or for or related to transplantation or implantation of animal or artificial organs or tissues (or any service or supply in connection with the transplantation or implantation, including ventricular assist devices), or for somatic cell nuclear transfer (SCNT) technologies or stem cell implantation procedures, except any organ or tissue transplants or replacements specified under "Eligible Expense" or the Schedule of Benefits. Any organ which is sold rather than donated to the Insured Person and any service or supply in connection with identification of a donor from a local, state or national listing.
- Any service or supply in connection with autologous bone marrow transplantation for treatment of any disease other than acute lymphocytic leukemia, acute non-lymphocytic leukemia, Hodgkin's disease, non-Hodgkin's lymphoma, neuroblastomas and breast cancer when combined with high dose chemotherapy; or any service or supply in connection with autotransfusion/transplantation of autologous stem cells for the treatment of leukemia from any cause.
- Any services or supplies in connection with cigarette smoking cessation; or services related to narcotic maintenance for opiate addiction.
- A Pre-Existing Condition.
- Hypnotherapy, biofeedback, non-medical self-care or self-help programs.
- Consultations and/or treatment provided over the Internet.
- A hernia, hysterectomy, or treatment or removal of tonsils, adenoids, or gall bladder, except in an Emergency.
- Treatment, medication or hormones to stimulate growth, or treatment of learning disorders, disabilities, developmental delays or deficiencies, including therapy.
- Sclerotherapy for veins of the extremities.
- Kidney or end stage renal disease but not including renal or ureteral stones/calculate.

Limitations & Exclusions

- Injuries sustained while participating in any sports that are Inter-collegiate Athletic Bodily Injuries, sky diving, scuba diving, auto racing, bungee jumping, hang or ultra-light gliding, parasailing, sail planning, flying in an aircraft (other than as a passenger on a commercial airline), rodeo contests or as a result of participating in any professional, semi-professional or other non-recreational sports including boating, motorcycling, skiing, riding all-terrain vehicles or dirt-bikes, snowmobiling or go-carting except as may be otherwise indicated in the Schedule of Benefits.
- Complications of any treatment or surgery for an excluded service or procedure.
- Private duty nursing, standby physician charges or medical care, treatment, services or supplies provided by an Insured Person's Immediate Family Member.
- Joint replacement or other treatment of joints, spine, bones or connective tissue including tendons, ligaments and cartilage, unless due to Bodily Injury incurred while the Insured Person was insured under the Policy.
- Chronic fatigue or pain disorders; Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), or related immunodeficiency disorders.
- Treatment or diagnosis of allergies, except for emergency treatment of allergic reactions.
- Expenses incurred for examinations of, and diagnostic testing for, headaches when not caused by another Bodily Injury or Sickness eligible for benefits under the plan.
- Acupuncture, orthopedic therapy, Speech Therapy, Occupational Therapy except as payable under the Home Health Care benefit, physiotherapy, physical medicine, chiropractic care or treatment except as covered under Outpatient Benefit, or any form of therapy involving adjustments, manipulation and massage.
- Services for Nervous, Emotional or Mental Disorders; and alcoholism and chemical dependency except as may be otherwise indicated in the Schedule of Benefits.
- Equipment, supplies and related services for the treatment of Type I, Type II and gestational diabetes.
- Diabetes self-management training including, but not limited to, medical nutrition therapy relating to diet, caloric intake and diabetes management.

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