

# EXPLORE INSURANCE OPTIONS FOR YOUR **SHORT TERM NEEDS**



**PAN AMERICAN**  
— ACCIDENT & HEALTH —

Short Term Medical Insurance issued by:  
Pan-American Life Insurance Company

Billing, Fulfillment and Customer Service  
administered by the Third-Party Administrator

H A Partners, Inc. and HealthyAmerica  
409 W Vickery Blvd  
Ft Worth, TX 76104  
866-438-4274

SHORT TERM MEDICAL INSURANCE  
**BROCHURE**

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# WHAT IS SHORT TERM MEDICAL INSURANCE

Short Term Medical Insurance is designed for the temporary times when you are in-between traditional health insurance coverage.



Short term plans are medically underwritten and generally do not cover preexisting conditions. Short Term Medical Insurance coverage is not required to comply with certain federal market requirements for health insurance, principally those contained in the Affordable Care Act. When enrolling in a Short Term Medical Insurance plan, be sure to check your policy carefully to make sure you are aware of any exclusions or limitations regarding coverage of preexisting conditions or health benefits (such as hospitalization, emergency services, maternity care, preventive care, prescription drugs, and mental health and substance use disorder services). Short Term Medical Insurance policies might also have lifetime and/or annual dollar limits on health benefits. If this type of coverage expires or you lose eligibility for this coverage, you might have to wait until an open enrollment period to get other health insurance coverage. Short Term Medical Insurance is not Minimum Essential coverage as defined in the Affordable Care Act and may not cover all Essential Health Benefits in your state.



### STUDENT COMING OFF PARENT OR COLLEGE PLAN

When a student graduates or is coming off their parents' plan and is in-between open-enrollments, Short Term Medical Insurance is a great fit to help continue coverage until employment group coverage or traditional insurance can be enrolled.

### IN-BETWEEN JOB START DATES

When in-between coverage start dates for a new job, Short Term Medical Insurance can help with the gap in coverage until the new group insurance coverage begins. It can also be a temporary alternative to expensive COBRA coverage after leaving a job.

## EXAMPLES

OF REASONS YOU MIGHT BE IN-BETWEEN COVERAGE

### BETWEEN OPEN ENROLLMENTS

ACA Enrollments only occur during a select time each year. Short Term Medical Insurance is perfect for in-between open enrollment windows when Special Enrollment qualifications do not apply.

### EARLY RETIREMENT

When healthy and retiring early and are in need of a short bridge before you are able to enroll in Medicare, Short Term Medical Insurance can be budget-friendly option.



# HOW DOES ACA COMPARE TO SHORT TERM MEDICAL INSURANCE

	Short Term Medical Insurance Plans <sup>†</sup>	ACA Individual Health Insurance Plans
Coverage for preexisting conditions	Generally preexisting conditions are not covered.*	ACA plans will not deny benefits due to your preexisting conditions.
Prescription Drug Coverage	Outpatient prescription drugs are not covered.	Covered as an essential health benefit.
Enrollment Availability of Coverage	Buy at any time of the year. Subject to medical underwriting.	Limited to Annual Open Enrollment (or during a Special Enrollment with a qualifying event).
Waiting Period	Coverage as early as the next day for injuries, 5 days for sickness, 30 days for cancer from effective date.	No waiting periods.
Length of Coverage	Coverage duration periods from 30 days to 364 days are available. (Coverage terms could vary depending on state)	Coverage duration available monthly usually for 12 months and renewable subject to new premiums.
Maximum Benefit	Maximum benefit per coverage duration period is \$1,000,000.	Unlimited
Type of Coverage	Short Term medical insurance coverage. Plans are not required to include the 10 essential health benefits required by the ACA. Benefits will vary by plan and by state.	Comprehensive medical insurance coverage. All plans include the 10 essential health benefits required by the ACA.
Provider Network	Coverage does not include in-network providers and because there is no network patients may be balanced billed.	When insureds use in-network providers, they are not subject to balance billing.
Deductible and Coinsurance	Generally, you must pay all of the costs from providers up to the deductible amount you elected before the plan begins to pay. The coinsurance percentage is your share of the costs of a covered health care service, calculated as a percentage (for example, 20%) of the allowed amount for the service. This will vary based on the plan you pick.	Generally, you must pay all of the costs from providers up to the deductible amount you elected before the plan begins to pay. The coinsurance percentage is your share of the costs of a covered health care service, calculated as a percentage (for example, 20%) of the allowed amount for the service. This will vary based on the plan you pick.
Preventive or Wellness Care	Mammography, Pap Smear and Prostate Antigen Tests, Routine Physical Exams, and Routine Child Health Care are covered. Other preventive coverage is not included*. *(unless specifically stated in the Policy and any applicable State Riders)	Preventive care is required in all ACA health plans.
Maternity Coverage	Maternity coverage is not available.	Covered as an essential health benefit.
Mental Illness and Substance Abuse Treatment	Mental Illness and Drug Abuse is covered but has maximums on the number of covered days and amount of benefit. Treatment for alcoholism is covered but has maximums on the number of covered days.	Covered as an essential health benefit.
Rehabilitative and Habilitative Services	Physical, Occupational and Speech Therapy are covered but have maximums on the number of covered days and amount of benefit.	Covered as an essential health benefit.

\*PALIC Short Term Medical plans provide some limited benefits for preexisting conditions up to 50% of the Deductible for Covered Expenses. See page 8 for details.

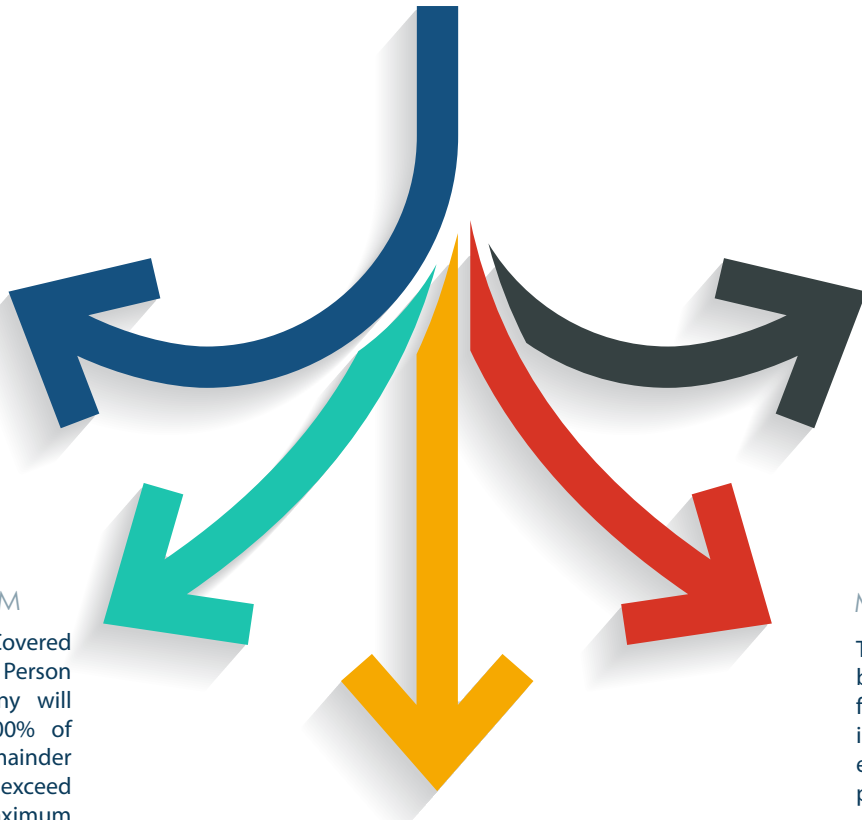
<sup>†</sup>This description of Individual Short Term Medical Insurance is only a broad description of the differences between ACA and Short Term Medical Insurance and may not be specific to the short term medical insurance issued by Pan-American Life Insurance Company (PALIC) and covered in this brochure. Coverage for Short Term Medical Insurance may vary or may not be available in all states.

## SOME HELPFUL INSURANCE TERMS



### DEDUCTIBLE

The amount of Covered Expenses, up to the Maximum Allowable Expense that each Covered Person must pay before benefits will be payable. The Deductible does not include any Copayment amounts. The Deductible does not apply towards the Coinsurance Maximum.



### COVERAGE PERIOD

The maximum length of time coverage is in force under this Policy, as shown in the Schedule of Benefits.

### COINSURANCE MAXIMUM

The maximum amount of Covered Expenses that the Covered Person will pay before the Company will begin paying benefits at 100% of Covered Expenses for the remainder of the Coverage Period, not to exceed the Coverage Period Maximum Benefit amount and any applicable maximum benefit amounts. The Coinsurance Maximum does not include Deductibles, Copayments, **Pre-Authorization penalties**, amounts in excess of the Maximum Allowable Expense and amount in excess of the maximum benefit amounts. *(In MO, the bolded term above is removed)*

### COVERAGE PERIOD MAXIMUM BENEFIT AMOUNT

The total aggregate amount of benefits payable under the Policy for all Covered Expenses which are incurred for Sickness or Injury by each Covered Person during such person's Coverage Period.

### COINSURANCE PERCENTAGE

The applicable percentage amount the Company will pay for Covered Expenses incurred by the Covered Person after satisfaction of the Deductible and any Copayments have been met.

### USUAL, REASONABLE AND CUSTOMARY means:

1. With respect to fees or charges, fees for medical services or supplies which are: (a) usually charged by the provider for the service or supply given; and (b) the average charged for the service or supply in the locality in which the service or supply is received; whichever is less, or
2. With respect to treatment or medical services, treatment which 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 for services and supplies, We may use and subscribe to a standard industry reference source that collects data and makes it available to its member companies. The data base used reflects the amounts charged by providers for health care services based on geographic zip code areas generating a statistically credible charge distribution. The data is reflective of reported provider charges from the lowest to the highest for each service or supply. The data is also adjusted periodically to reflect negotiated fee schedules with providers not included in the data base.

**In Kansas**, the last paragraph from above is replaced with:

In reaching a determination as to what amount should be considered as Usual, Reasonable and Customary for services and supplies, We may use and subscribe to a standard industry reference source that collects data and makes it available to its member companies. The data base used reflects the amounts charged by providers for health care services based on geographic zip code areas generating a statistically credible charge distribution. The data is reflective of reported provider charges from the lowest to the highest for each service or supply. The data is also adjusted periodically (at least every 6 months) to reflect negotiated fee schedules with providers not included in the data base.

<sup>1</sup>This is a very brief description of the Short Term Medical plan and Covered Expenses issued by Pan-American Life Insurance Company. **For full details, limitations, exclusions, and terms of coverage, review the Policy & any Disclosures in your state. Coverage and benefits may vary or may not be available in all states.** Definitions of each Covered Expense is provided in the Policy. Please review for full details. All benefits are limited to Usual, Reasonable and Customary Fees. Coverage is not limited to the benefits listed and eligible expenses are subject to plan limitations. If there are any discrepancies between this brochure and the Policy, the Policy will govern.

# SHORT TERM MEDICAL OPTIONS

Choose a term period and an effective date that is right for you. Coverage Term Period options could vary based on state. See below for all options available with this Individual Short Term Medical Insurance Plan issued by Pan-American Life Insurance Company.



3 MONTHS, 6 MONTHS, OR 12 MONTHS<sup>†</sup> TERM  
Choose Your Term\*

1ST OR 15TH EFFECTIVE DATE OPTIONS  
Choose Your Effective Date

<sup>†</sup>12 month term option is 364 days and not 365 days.

\* { KS only has the term option of 6 months or 12 months.  
MO only has the term options of 3 months or 6 months.  
SD only has the term options of 3 months or 6 months.

There is no continuous coverage. It is not renewable. Although this short-term plan may be rewritten for new and completely separate Coverage Periods (depending on state laws). If another coverage period is desired, a new enrollment form must be completely separate Coverage Periods (as long as eligibility criteria is met). Coverage does not continue from one Policy to another. This means that a new enrollment Form must be submitted, a new Policy date is given, and a new Pre-Existing Condition exclusion period begins. Any medical condition which may have occurred and /or existed under a prior Policy will be treated as a new pre-existing condition under the new Policy. Some states vary in allowing re-enrollments. Check below for some state conditions that apply to re-enrollment in this individual short term insurance plan. The following states have provisions as to re-enrollments:

KS: Coverage cannot exceed 24 consecutive months total.

# ELIGIBILITY

Looking for coverage for you, your dependents or your entire family? Find out the eligibility requirements for enrollment in the Short Term Medical Insurance plan issued by Pan-American Life Insurance Company.



## PRIMARY MEMBER

Ages 1 to under 65 years of age  
Not covered as dependent under the Policy  
Not Pregnant at the time of application  
Lived in U.S. for 12 consecutive months  
Not an active member of the armed forces

**Stand-alone Child Policy:** coverage ages 1-17; one policy per stand-alone child.

## ELIGIBLE DEPENDENTS

**Spouse:** Under 65 at time of application  
*All references to spouse shall include Domestic Partner*  
**Dependent Children<sup>^</sup>:** Unmarried and under 26  
(If Covered Person and Spouse are both Covered Persons, only one parent will be eligible for insurance on any Covered Dependent Children.)  
*Children means natural children, step children, legally-adopted children, children placed with You for the purpose of adoption, and children subject to legal guardianship*  
**Both Spouse & Dependent Children:**  
Not pregnant at time of application  
Not an active member of the armed forces  
Lived in U.S. for 12 consecutive months

**<sup>^</sup>Dependent Children State Variations are listed below:**

### In North Carolina

*"Children" means natural children, stepchildren, foster child, legally-adopted children, children placed with You for the purpose of adoption, and children subject to Your legal guardianship.*

*"Foster child" means a minor (a) over whom a guardian has been appointed by the clerk of superior court of any county in North Carolina; or (b) the primary or sole custody of whom has been assigned by order of a court of competent jurisdiction. "Placement in the foster home" means physically residing with the Insured appointed as guardian or custodian of a foster child as long as that guardian or custodian has assumed the legal obligation for total or partial support of the foster child with the intent that the foster child reside with the guardian or custodian on more than a temporary or short-term basis.*

Both member and eligible dependents must submit a written application for insurance and evidence of insurability, if evidence is required, and meet the enrollment and underwriting requirements.

HIGHLIGHTS <sup>1</sup> OF THE SCHEDULE OF BENEFITS	LIMITS FOR COVERED EXPENSES
<p>Deductible Options</p> <p>When 3 insured individuals in a family satisfy their Deductibles, the Deductibles for any remaining insured individual in the insured family are deemed satisfied for the remainder of the Coverage Period.</p>	<p><b>\$5,000 or \$10,000</b> per Covered Person, per Coverage Period</p>
<p>Coinsurance Percentage the Company Pays (Per Covered Person)</p>	<p><b>80%</b> of Covered Expenses, after the Deductible has been satisfied. The Company will pay 100% of Covered Expenses per Coverage Period once the Coinsurance Maximum has been met.</p>
<p>Coinsurance Maximum (Per Covered Person)</p>	<p><b>\$10,000</b> of Covered Expenses per Coverage Period. Deductibles, Copayments, Pre-Authorization penalties, amounts in excess of the Maximum Allowable Expense charge and any amounts in excess of the maximum benefit amounts do not apply towards the Coinsurance Maximum.</p>
<p>Coverage Period Maximum Benefit Amount</p>	<p><b>\$1,000,000</b> per Covered Person</p>
<p>Pre-Existing Conditions Allowance Maximum Benefit</p>	<p><b>Up to 50%</b> of the Deductible of Covered Expenses incurred for a Pre-Existing Condition. Payment of any benefits, including application to the Deductibles and Coinsurance under this Allowance does not waive, or in any manner whatsoever affect, any of the Covered Person's Exclusions or Limitations, including the Pre-Existing Conditions exclusion.</p>
<p>Annual Routine Physical Exam (Maximum Benefit Per Covered Person)</p>	<p><b>\$50 Copayment</b> After a \$50 Copayment, the Company will pay 100% of the Coinsurance Percentage for all Covered Expenses. <b>The Deductible will not apply.</b> This benefit is payable one time per 12 month period.</p>
<p>Doctor Office or Urgent Care Center Visits (Maximum Benefit Per Covered Person - Covered Expenses for any other Covered services or tests performed as part of the visit will be subject to the Deductible and Coinsurance.)</p>	<p><b>\$40 Copayment</b> After \$40 Copayment, the Company will pay 100% of the Coinsurance Percentage for Covered Expenses and the <b>Deductible will not apply.</b></p>
<p>Mammography, Pap Smear and Prostate Antigen Tests (Maximum Benefit Per Covered Person)</p>	<p>The Company will pay the Coinsurance percentage for all Covered Expenses. <b>The Deductible will not apply.</b></p>
<p>Routine Child Health Care (Maximum Benefit Per Covered Person)</p>	<p>After the Deductible has been satisfied, the Company will pay the Coinsurance Percentage for all Covered Expenses. <b>The Deductible will not apply to immunizations.</b> <b>Covered Expenses for any other covered services or tests performed as part of the visit will be subject to the Deductible and Coinsurance.</b></p>
<p>In Hospital Regular Care (Maximum Benefit Per Covered Person)</p>	<p>After the Deductible is satisfied, the Company will pay the Coinsurance Percentage <b>not to exceed the average standard room rate charged by the Hospital, including all Inpatient Miscellaneous Medical Expenses charged or billed by the Hospital for that day.</b> Covered Expenses are subject to the Deductible and Coinsurance.</p>
<p>In Hospital Intensive or Critical Care Emergency Room Treatment (Maximum Benefit Per Covered Person)</p>	<p>After the Deductible is satisfied, the Company will pay the Coinsurance Percentage <b>not to exceed 3 times the average standard room rate for each day in an Intensive Care Unit, including all Inpatient Miscellaneous Medical Expenses charged or billed by the Hospital for that day.</b> Covered Expenses are subject to the Deductible and Coinsurance.</p>
<p>Ambulance Air or Ground (Maximum Benefit Per Covered Person)</p>	<p>After the Deductible has been satisfied, the Company will pay the Coinsurance Percentage for all Covered Expenses. Covered Expenses are subject to the Deductible and Coinsurance. <b>Covered Expenses will not exceed a maximum benefit of \$1,000 per incident.</b></p>

<sup>1</sup>This is a very brief description of the Short Term Medical plan and Covered Expenses issued by Pan-American Life Insurance Company. **For full details, limitations, exclusions, and terms of coverage, review the Policy & any Disclosures in your state. Coverage and benefits may vary or may not be available in all states.** Definitions of each Covered Expense is provided in the Policy. Please review for full details. All benefits are limited to Usual, Reasonable and Customary Fees. Coverage is not limited to the benefits listed and eligible expenses are subject to plan limitations. If there are any discrepancies between this brochure and the Policy, the Policy will govern.



HIGHLIGHTS <sup>1</sup> OF THE SCHEDULE OF BENEFITS	LIMITS FOR COVERED EXPENSES
Inpatient Doctor Visits, Ambulatory Surgical Center or Outpatient Hospital Facility, Surgeon Services, Knee Injury or Disorder Surgery, Gallbladder Surgery, Temporomandibular Joint Disorder (TMJ), Kidney Stones, Appendectomy, Joint or Tendon Surgery, Outpatient Miscellaneous Medical Expense Services.	After the Deductible has been satisfied, the Company will pay the Coinsurance Percentage for all Covered Expenses. <b>Covered Expenses are subject to the Deductible and Coinsurance.</b>
Organ or Tissue Transplant (Maximum Benefit Per Covered Person)	After the Deductible has been satisfied, the Company will pay the Coinsurance Percentage for all Covered Expenses. Covered Expenses are subject to the Deductible and Coinsurance. <b>Covered Expenses will not exceed a maximum of \$50,000 per Coverage Period.</b>
Hospice Care (Maximum Benefit Per Covered Person)	After the Deductible has been satisfied, the Company will pay the Coinsurance Percentage for all Covered Expenses. Covered Expenses are subject to the Deductible and Coinsurance. <b>Covered Expenses will not exceed a maximum of \$5,000 per Coverage Period.</b>
Acquired Immune Deficiency Syndrome (AIDS) (Maximum Benefit Per Covered Person)	After the Deductible has been satisfied, the Company will pay the Coinsurance Percentage for all Covered Expenses. Covered Expenses are subject to the Deductible and Coinsurance. <b>Covered Expenses will not exceed a maximum of \$10,000 per Coverage Period</b> <b>MO &amp; NC:</b> The maximum of \$10,000 per Coverage Period is <u>not</u> applicable.
Anesthesia Services, Assistant Surgeon, Surgeon's Assistant (Maximum Benefit Per Covered Person)	After the Deductible has been satisfied, the Company will pay the Coinsurance Percentage for all Covered Expenses. Covered Expenses are subject to the Deductible and Coinsurance. <b>Covered Expenses will not exceed a maximum benefit of 20% of the Surgeon Services' benefit.</b>
Inpatient Mental Illness, Inpatient Substance Abuse (Maximum Benefit Per Covered Person)	After the Deductible has been satisfied, the Company will pay the Coinsurance Percentage for all Covered Expenses. Covered Expenses are subject to the Deductible and Coinsurance. <b>Covered Expenses will not exceed a maximum of \$100 per day, and will not exceed a maximum of 30 days, per Coverage Period.</b>
Outpatient Mental Illness Outpatient Substance Abuse (Maximum Benefit Per Covered Person)	After the Deductible has been satisfied, the Company will pay the Coinsurance Percentage for all Covered Expenses. Covered Expenses are subject to the Deductible and Coinsurance. <b>Covered Expenses will not exceed a maximum of \$100 per visit, and will not exceed a maximum of 10 visits, per Coverage Period.</b>
Therapy Services (Maximum Benefit Per Covered Person)	After the Deductible has been satisfied, the Company will pay the Coinsurance Percentage for all Covered Expenses. Covered Expenses are subject to the Deductible and Coinsurance. <b>Covered Expenses will not exceed a maximum benefit of \$100 per day. The maximum number of days for all therapies combined is 20 days per Coverage Period.</b> <b>TX:</b> These limits do not apply to the Autism Spectrum Benefit or the Acquired Brain Injury Benefit
Extended Care Facility (Maximum Benefit Per Covered Person)	After the Deductible has been satisfied, the Company will pay the Coinsurance Percentage for all Covered Expenses. Covered Expenses are subject to the Deductible and Coinsurance. <b>Covered Expenses will not exceed a maximum of \$150 per day, and will not exceed a maximum of 30 days, per Coverage Period.</b>
Home Health Care (Maximum Benefit Per Covered Person)	After the Deductible has been satisfied, the Company will pay the Coinsurance Percentage for all Covered Expenses. Covered Expenses are subject to the Deductible and Coinsurance. <b>Covered Expenses will not exceed a maximum of \$50 per visit, and will not exceed a maximum of 30 visits, per Coverage Period.</b>
Waiting Period (Not applicable in Kansas)	5 days for Sickness, 30 days for cancer from Effective date. 6 months for various covered surgeries.

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# COVERED EXPENSES

The following Covered Expenses will be paid which are prescribed or provided by a Doctor for a covered Injury or Sickness. Covered Expenses for the same treatment or service that are applicable to more than one benefit limitation shown in the Schedule of Benefits will be applied toward all applicable limitations. Covered Expenses do not include Expenses which are in excess of the Maximum Amounts shown in the Schedule. Expenses in excess of the Maximum Amounts shown in the Schedule of Benefits do not apply to the Deductible or the Coinsurance Maximum.

For full state-specific details and descriptions of each of the Covered Expenses, review the Policy.

Hospital Room, Board,  
General Nursing Care  
Intensive or Critical Care Unit  
Emergency Room Treatment  
Inpatient Doctor Visits  
Inpatient Mental Illness  
Inpatient Substance Abuse  
Doctor Office Visits  
Annual Routine Physical Exam  
Routine Child Health Care  
Ambulatory Surgical Center  
or Outpatient Hospital Facility  
Surgeon's Services  
Anesthesia Services  
Assistant Surgeon  
Surgeon's Assistant  
Complications of Pregnancy  
Cosmetic or Reconstructive Surgery  
Breast Reconstructive Surgery  
Ambulance Services  
Prescriptions or Legend Drugs  
Dental Treatment

Therapy Treatment  
Mammography, Pap Smear and  
Prostate Antigen Test  
Outpatient Mental Illness  
Outpatient Substance Abuse  
Extended Care Facility  
Hospice Care and Services  
Organ or Tissue Transplants  
Acquired Immune Deficiency Disorder <sup>(AIDS)</sup>  
Knee Injury or Disorder Surgery  
Gallbladder Surgery  
Temporomandibular Joint Disorder <sup>(TMJ)</sup>  
Kidney Stones  
Appendectomy  
Joint and Tendons Surgery  
Blood or Blood Plasma  
Artificial limbs or eyes  
Casts  
Equipment Rental  
Diagnostic Testing Services  
Radiation Therapy and  
Chemotherapy Services

<sup>1</sup>This is a very brief description of the Short Term Medical plan and Covered Expenses issued by Pan-American Life Insurance Company. **For full details, limitations, exclusions, and terms of coverage, review the Policy & any Disclosures in your state. Coverage and benefits may vary or may not be available in all states.** Definitions of each Covered Expense is provided in the Policy. Please review for full details. All benefits are limited to Usual, Reasonable and Customary Fees. Coverage is not limited to the benefits listed and eligible expenses are subject to plan limitations. If there are any discrepancies between this brochure and the Policy, the Policy will govern.

## ADDITIONAL OR VARIATIONS OF COVERED EXPENSES:

For full state-specific details and descriptions of each of the Covered Expenses, review the Policy.

Below are a list of Covered Expenses that are either ● in addition to the Covered Expenses shown in the Policy or ● have variations in the language based on the Policy.

### KANSAS

- Breast Reconstructive Surgery
- Mammography, Pap Smear & Prostate Antigen Test

### SOUTH DAKOTA

- Phenylketonuria
- Anesthesia Services
- Dental Treatment
- Mammography, Pap Smear & Prostate Antigen Test

### MISSOURI

- Speech or Hearing
- Phenylketonuria
- Ambulance Services
- Emergency Room Treatment
- Mammography, Pap Smear & Prostate Antigen Test
- AIDS

### NORTH CAROLINA

- Diabetes
- Emergency Room Treatment
- Anesthesia Services
- Cosmetic or Reconstructiv Surgery  
(not Breast Reconstructive Surgery)
- Breast Reconstructive Surgery
- Mammography, Pap Smear & Prostate Antigen Test
- AIDS
- Temporomandibular Joint Disorder (TMJ)

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## LIMITATIONS & EXCLUSIONS

Please review the following Limitations and Exclusions for your state. See below for page numbers to the different state Limitations and Exclusions:

KANSAS	PGS 13-15
MISSOURI	PGS 16-18
NORTH CAROLINA	PGS 19-21
OKLAHOMA	PGS 22-24
SOUTH DAKOTA	PGS 25-27



# LIMITATIONS & EXCLUSIONS - KANSAS

Benefits will not be paid for loss or expense caused by or resulting from any of the following:

1. Expenses for the treatment of Preexisting Conditions, as defined in the Preexisting Conditions Limitation provision.
2. Expenses incurred prior to the Effective Date of a Covered Person's coverage or incurred after the Expiration Date, regardless of when the condition originated, except in accordance with the Extension of Benefits provision.
3. Expenses to treat complications resulting from treatment, drugs, supplies, devices, procedures or conditions which are not covered under the Policy.
4. Expenses incurred for Experimental or Investigational services or treatment or unproven services or treatment.
5. Amounts in excess of the Maximum Allowable Expense for covered services or supplies.
6. Expenses You or Your Covered Dependent are not required to pay, or which would not have been billed, if no insurance existed.
7. Expenses that do not meet the definition of or are not specifically identified under the Policy as Covered Expenses.
8. Expenses for purposes determined by Us to be educational.
9. Expenses for care in government institutions unless You or Your Covered Dependent are obligated to pay for such care.
10. Expenses for Injury or Sickness related to Your job to the extent You are covered or are required to be covered by the Workers' Compensation law. If You enter into a settlement giving up Your right to recover future medical benefits under a Workers' Compensation law, the Policy will not pay those medical benefits that would have been payable in absence of that settlement.
11. Medical expenses which are payable for Injuries arising out of a motor vehicle accident to the extent such benefits are payable under any medical expense payment provision (by whatever terminology used, including such benefits mandated by law) of any automobile policy.
12. Expenses incurred by a Covered Person while on active duty in the armed forces. Upon written notice to Us of entry into such active duty, the unused premium will be returned to You on a pro-rated basis.
13. Expenses resulting from a declared or undeclared war, or from voluntary participation in a riot or insurrection.
14. Expenses incurred while engaging in an illegal act or occupation or during the commission, or the attempted commission, of felony or assault.
15. Expenses for the treatment of normal pregnancy or childbirth, except for Complications of Pregnancy.
16. Expenses for voluntary termination of normal pregnancy or elective cesarean section.
17. Expenses incurred for any drug, including birth control pills, implants, injections, supply, treatment device or procedure that prevents conception or childbirth.
18. Expenses for the diagnosis and treatment of infertility, including but not limited to any attempt to induce fertilization by any method, in vitro fertilization, artificial insemination or similar procedures, whether the Covered Person is a donor, recipient or surrogate.
19. Expenses for sterilization or reversal of sterilization.
20. Charges for a Covered Dependent who is a newborn child not yet discharged 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 birth, and except as state mandates.
21. Expenses for sex transformation or penile implants or sex dysfunction or inadequacies.
22. Expenses for physical exams or other services not needed for medical treatment, except as specifically covered.
23. Expenses for prophylactic treatment, including surgery or diagnostic testing, except as specifically covered.
24. Expenses for the treatment of mental illness or nervous disorders, including, but not limited to, neurosis, psychoneurosis, psychopathy, psychosis, attention deficit disorder, autism, hyperactivity, or mental or emotional disease or disorder of any kind; except as specifically covered.
25. Expenses for the treatment of alcoholism or alcohol abuse, chemical dependency, substance abuse or drug addiction; except as specifically covered.
26. Expenses incurred for loss sustained or contracted in consequence of the Covered Person being intoxicated or under the influence of any narcotic unless administered on the advice of a Doctor. Intoxication shall be established conclusively by a blood alcohol level of .10 or the legal limit in the state where the incident occurred, whichever is less.
27. Expenses incurred in connection with programs, treatment, or procedures for tobacco use cessation.
28. Expenses resulting from suicide or attempted suicide or intentionally self-inflicted Injury, while sane or insane.
29. Expenses for dental treatment or care or orthodontia or other treatment involving the teeth or supporting structures, except as specifically covered.

30. Expenses incurred in the treatment by any method for jaw joint problems including temporomandibular joint dysfunction (TMJ), TMJ pain syndromes, craniomandibular disorders, myofascial pain dysfunction or other conditions of the joint linking the jaw bone and skull and the complex of muscles, nerves and other tissues related to the joint, except as specifically covered.
31. Expenses of radial keratotomy or correction of refractive error, eye refractions, vision therapy, routine vision exams to assess the initial need for, or changes to prescription eyeglasses or contact lenses, the purchase, fitting or adjustment of eyeglasses or contact lenses, or treatment of cataracts.
32. Expenses for routine hearing exams to assess the need for or change to hearing aids, or the purchase, fittings or adjustments of hearing aids.
33. Expenses for cosmetic or reconstructive procedures, services or supplies; except as specifically covered.
34. Expenses for breast reduction or augmentation or complications arising from these procedures; except as specifically covered.
35. Outpatient Prescription or Legend Drugs, medications, vitamins, and mineral or food supplements, including pre-natal vitamins, or any over-the-counter medicines, whether or not ordered by a Doctor, unless it is specifically included as a Covered Expense. This does not include Prescription or Legend Drugs administered by a Doctor in an inpatient or outpatient setting in conjunction with a Covered Expense, unless they are drugs that can be self-administered.
36. Expenses incurred in connection with any drug or other item used to treat hair loss.
37. Expenses incurred in the treatment of weak, strained, flat, unstable, or unbalanced feet, metatarsalgia, bunions, spurs, or the removal of corns, calluses or toenails, unless specifically for the treatment of a metabolic or peripheral vascular disease or for the prompt repair of an Injury sustained while coverage is in force for the Covered Person.
38. Expenses incurred in the treatment of acne, or varicose veins.
39. Expenses of weight loss programs or diets.
40. Transportation Expenses, except as specifically covered.
41. Expenses for rest or recuperation cures or care in an extended care facility, convalescent nursing home, a facility providing rehabilitative treatment, Extended Care Facility, or home for the aged, whether or not part of a Hospital, except as specifically covered.
42. All charges incurred while confined primarily to receive custodial or convalescent care, unless it is specifically covered.
43. Expenses for services or supplies for personal comfort or convenience, including homemaker services or supportive services focusing on activities of daily life that do not require the skills of qualified technical or professional personnel, including but not limited to bathing, dressing, feeding, routine skin care, bladder care and administration of oral medications or eye drops.
44. Expenses for services or supplies furnished or provided by a member of Your Immediate Family.
45. Expenses for diagnosis or treatment of a sleeping disorder.
46. Expenses incurred in the treatment of Injury or Sickness resulting from participation, instructing, demonstrating, guiding or accompanying others in the following: operation of a flight in an aircraft other than a regularly scheduled flight by an airline; extreme sports: hot-air ballooning; skydiving, scuba diving, hang or ultra-light gliding, base jumping, rock or mountain climbing, bungee jumping, sail gliding, parasailing, para kiting, cave exploration, parkour; riding an all-terrain vehicle such as a dirt bike, snowmobile or go-cart; racing with a motorcycle, boat or any form of aircraft; racing including stunt show or speed test of any motorized or non-motorized vehicle; any participation in sports for pay or profit; participation in rodeo contests; or similar hazardous activities.
47. Expenses for the purchase of a noninvasive osteogenesis stimulator (bone stimulator).
48. Expenses for services or supplies of a common household use, such as exercise cycles, air or water purifiers, air conditioners, allergenic mattresses, and blood pressure kits.
49. Expenses during the first 6-months after the Effective Date of coverage for a Covered Person for: (a) total or partial hysterectomy, unless it is Medically Necessary due to a diagnosis of carcinoma; (b) tonsillectomy; (c) adenoidectomy; (d) repair of deviated nasal septum or any type of surgery involving the sinus; (e) myringotomy; (f) tympanotomy; or (g) herniorrhaphy; (subject to all other coverage provisions, including but not limited to, the Pre-existing Conditions exclusion).
50. Expenses for participating in interscholastic, intercollegiate or organized competitive sports. This does not include dependent children participating in local community sports activities.
51. Medical care, treatment, service or supplies received outside of the United States, Canada or its possessions, unless specifically covered.

52. Expenses for private duty nursing services.
53. Expenses for the repair or maintenance of a wheelchair, hospital-type bed or similar durable mechanical equipment.
54. Expenses for orthotics, special shoes, spine and arch supports, heel wedges, sneakers or similar devices unless they are a permanent part of an orthopedic leg brace.
55. Expenses incurred in connection with the voluntary taking of a poison or inhaling gas.
56. Expenses incurred in connection with obesity treatment or weight reduction including all forms of intestinal and gastric bypass surgery, including the reversal of such surgery even if the Covered Person has other health conditions that might be helped by a reduction of obesity or weight.
57. Expenses for marital counseling or social counseling.
58. Expenses for acupuncture.
59. Expenses for a service or supply whose primary purpose is to provide a Covered Person with (1) training in the requirements of daily living; (2) instruction in scholastic skills such as reading and writing; (3) preparation for an occupation; (4) treatment of learning disabilities, developmental delays or dyslexia; or (5) development beyond a point where function has been demonstrably restored.
60. Expenses for replacement of artificial limbs or eyes.
61. Expenses for removal of breast implants.
62. Chronic fatigue or pain disorders.
63. Kidney or end stage renal disease.
64. Treatment or diagnosis of allergies, except for emergency treatment of allergic reactions.
65. Biofeedback, acupuncture, recreational, sleep or mist therapy, holistic care of any nature, massage and kinestherapy, excepted as provided for under Home Health Care.
66. Hypnotherapy when used to treat conditions that are not recognized as Mental Disorders by the American Psychiatric Association, and biofeedback and non-medical self-care or self-help programs.
67. Failure to keep a scheduled appointment.
68. Treatment for acne, moles, skin tags, diseases of sebaceous glands, seborrhea, sebaceous cyst, unspecified disease of sebaceous glands, hypertrophic and atrophic conditions of skin, nevus.



## LIMITATIONS & EXCLUSIONS - MISSOURI

Benefits will not be paid for loss or expense caused by or resulting from any of the following:

1. Expenses for the treatment of Preexisting Conditions, as defined in the Preexisting Conditions Limitation provision.
2. Expenses incurred during the waiting period:
  - a. Covered Persons will only be entitled to receive benefits for Sicknesses that begin, by occurrence of symptoms and/or receipt of treatment, more than 5 days following the Covered Person's Effective Date of coverage under this Policy.
  - b. Covered Persons will only be entitled to receive benefits for Cancer that begins, by occurrence of symptoms or receipt of treatment more than 30 days following the Covered Person's Effective Date of coverage under this Policy.
3. Expenses incurred prior to the Effective Date of a Covered Person's coverage or incurred after the Expiration Date, regardless of when the condition originated, except in accordance with the Extension of Benefits provision.
4. Expenses to treat complications resulting from treatment, drugs, supplies, devices, procedures or conditions which are not covered under the Group Policy. This does not apply to Emergency Services necessary to screen and stabilize a Covered Person from an Emergency Medical Condition. Coverage of Emergency Services will be subject to applicable Co-payments, Coinsurance and Deductibles.
5. Expenses incurred for Experimental or Investigational services or treatment or unproven services or treatment.
6. Amounts in excess of the Maximum Allowable Expense for covered services or supplies.
7. Expenses You or Your Covered Dependent are not required to pay, or which would not have been billed, if no insurance existed.
8. Expenses that do not meet the definition of or are not specifically identified under the Group Policy as Covered Expenses.
9. Expenses for purposes determined by Us to be educational.
10. Expenses to the extent that they are paid or payable under another group insurance or medical prepayment plan.
11. Charges that are eligible for payment by Medicare or any other government program except Medicaid.
12. Expenses for care in government institutions unless You or Your Covered Dependent are obligated to pay for such care.
13. Expenses related to Injury or Sickness arising out of or in the course of any occupation for compensation, wage or profit, if the Covered Person is insured, or is required to be insured, by occupational disease or workers' compensation insurance pursuant to applicable state or federal law, whether or not application for such benefits has been made.
14. Medical expenses which are payable under any automobile insurance policy without regard to fault (does not apply in any state where prohibited).
15. Expenses incurred by a Covered Person while on active duty in the armed forces. Upon written notice to Us of entry into such active duty, the unused premium will be returned to You on a pro-rated basis.
16. Expenses resulting from a declared or undeclared war, or from voluntary participation in a riot or insurrection.
17. Expenses incurred while engaging in an illegal act or occupation or during the commission, or the attempted commission, of a felony or assault.
18. Expenses for the treatment of normal pregnancy or childbirth, except for Complications of Pregnancy.
19. Expenses for voluntary termination of normal pregnancy or elective cesarean section.
20. Expenses incurred for any drug, including birth control pills, implants, injections, supply, treatment device or procedure that prevents conception or childbirth.
21. Expenses for the diagnosis and treatment of infertility, including but not limited to any attempt to induce fertilization by any method, in vitro fertilization, artificial insemination or similar procedures, whether the Covered Person is a donor, recipient or surrogate.
22. Expenses for sterilization or reversal of sterilization.
23. Charges for a Covered Dependent who is a newborn child not yet discharged 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 birth, and except as state mandates.
24. Expenses for sex transformation or penile implants or sex dysfunction or inadequacies.
25. Expenses for physical exams or other services not needed for medical treatment, except as specifically covered.
26. Expenses for prophylactic treatment, including surgery or diagnostic testing, except as specifically covered.
27. Expenses for the treatment of mental illness or nervous disorders, including, but not limited to, neurosis, psychoneurosis, psychopathy, psychosis, attention deficit disorder, autism, hyperactivity, or mental or emotional disease or disorder of any kind; except as specifically covered.



28. Expenses for the treatment of alcoholism or alcohol abuse, chemical dependency, substance abuse or drug addiction; except as specifically covered.
29. Expenses incurred for loss sustained or contracted in consequence of the Covered Person being intoxicated or under the influence of any narcotic unless administered on the advice of a Doctor. Intoxication shall be established conclusively by a blood alcohol level of the legal limit in the state where the incident occurred.
30. Expenses incurred in connection with programs, treatment, or procedures for tobacco use cessation.
31. Expenses resulting from suicide or attempted suicide or intentionally self-inflicted Injury, while sane.
32. Expenses for dental treatment or care or orthodontia or other treatment involving the teeth or supporting structures, except as specifically covered.
33. Expenses incurred in the treatment by any method for jaw joint problems including temporomandibular joint dysfunction (TMJ), TMJ pain syndromes, craniomandibular disorders, myofascial pain dysfunction or other conditions of the joint linking the jaw bone and skull and the complex of muscles, nerves and other tissues related to the joint, except as specifically covered.
34. Expenses of radial keratotomy or correction of refractive error, eye refractions, vision therapy, routine vision exams to assess the initial need for, or changes to prescription eyeglasses or contact lenses, the purchase, fitting or adjustment of eyeglasses or contact lenses, or treatment of cataracts.
35. Expenses for routine hearing exams to assess the need for or change to hearing aids, or the purchase, fittings or adjustments of hearing aids.
36. Expenses for cosmetic or reconstructive procedures, services or supplies; except as specifically covered.
37. Expenses for breast reduction or augmentation or complications arising from these procedures; except as specifically covered. This does not apply to an Emergency Medical Condition.
38. Outpatient Prescription or Legend Drugs, medications, vitamins, and mineral or food supplements, including pre-natal vitamins, or any over-the-counter medicines, whether or not ordered by a Doctor, unless it is specifically included as a Covered Expense. This does not include Prescription or Legend Drugs administered by a Doctor in an inpatient or outpatient setting in conjunction with a Covered Expense, unless they are drugs that can be self-administered.
39. Expenses incurred in connection with any drug or other item used to treat hair loss.
40. Expenses incurred in the treatment of weak, strained, flat, unstable, or unbalanced feet, metatarsalgia, bunions, spurs, or the removal of corns, calluses or toenails, unless specifically for the treatment of a metabolic or peripheral vascular disease or for the prompt repair of an Injury sustained while coverage is in force for the Covered Person.
41. Expenses incurred in the treatment of acne, or varicose veins.
42. Expenses of weight loss programs or diets.
43. Transportation Expenses, except as specifically covered.
44. Expenses for rest or recuperation cures or care in an extended care facility, convalescent nursing home, a facility providing rehabilitative treatment, Extended Care Facility, or home for the aged, whether or not part of a Hospital, unless it is specifically covered.
45. All charges incurred while confined primarily to receive custodial or convalescent care, unless it is specifically covered.
46. Expenses for services or supplies for personal comfort or convenience, including homemaker services or supportive services focusing on activities of daily life that do not require the skills of qualified technical or professional personnel, including but not limited to bathing, dressing, feeding, routine skin care, bladder care and administration of oral medications or eye drops.
47. Expenses for services or supplies furnished or provided by a member of Your Immediate Family.
48. Expenses for diagnosis or treatment of a sleeping disorder.
49. Expenses incurred in the treatment of Injury or Sickness resulting from participation, instructing, demonstrating, guiding or accompanying others in the following: operation of a flight in an aircraft other than a regularly scheduled flight by an airline; extreme sports: hot-air ballooning; skydiving, scuba diving, hang or ultra-light gliding, base jumping, rock or mountain climbing, bungee jumping, sail gliding, parasailing, para kiting, cave exploration, parkour; riding an all-terrain vehicle such as a dirt bike, snowmobile or go-cart; racing with a motorcycle, boat or any form of aircraft; racing including stunt show or speed test of any motorized or non-motorized vehicle; any participation in sports for pay or profit; participation in rodeo contests; or similar hazardous activities.
50. Expenses for the purchase of a noninvasive osteogenesis stimulator (bone stimulator).
51. Expenses for services or supplies of a common household use, such as exercise cycles, air or water purifiers, air conditioners, allergenic mattresses, and blood pressure kits.

52. Expenses for: (a) total or partial hysterectomy, unless it is Medically Necessary due to a diagnosis of carcinoma; (b) tonsillectomy; (c) adenoidectomy; (d) repair of deviated nasal septum or any type of surgery involving the sinus; (e) myringotomy; (f) tympanotomy; or (g) herniorrhaphy; (subject to all other coverage provisions, including but not limited to, the Pre-existing Conditions exclusion).
53. Expenses for participating in interscholastic, intercollegiate or organized competitive sports. This does not include dependent children participating in local community sports activities.
54. Medical care, treatment, service or supplies received outside of the United States, Canada or its possessions, unless specifically covered.
55. Expenses for private duty nursing services.
56. Expenses for the repair or maintenance of a wheelchair, hospital-type bed or similar durable mechanical equipment.
57. Expenses for orthotics, special shoes, spine and arch supports, heel wedges, sneakers or similar devices unless they are a permanent part of an orthopedic leg brace.
58. Expenses incurred in connection with the voluntary taking of a poison or inhaling gas.
59. Expenses incurred in connection with obesity treatment or weight reduction including all forms of intestinal and gastric bypass surgery, including the reversal of such surgery even if the Covered Person has other health conditions that might be helped by a reduction of obesity or weight.
60. Expenses for marital counseling or social counseling.
61. Expenses for acupuncture.
62. Expenses for a service or supply whose primary purpose is to provide a Covered Person with (1) training in the requirements of daily living; (2) instruction in scholastic skills such as reading and writing; (3) preparation for an occupation; (4) treatment of learning disabilities, developmental delays or dyslexia; or (5) development beyond a point where function has been demonstrably restored.
63. Expenses for replacement of artificial limbs or eyes.
64. Expenses for removal of breast implants.
65. Chronic fatigue or pain disorders.
66. Kidney or end stage renal disease.
67. Treatment or diagnosis of allergies, except for an Emergency Service of allergic reactions.
68. Biofeedback, acupuncture, recreational, sleep or mist therapy, holistic care of any nature, massage and kinestherapy, excepted as provided for under Home Health Care.
69. Hypnotherapy when used to treat conditions that are not recognized as Mental Disorders by the American Psychiatric Association, and biofeedback and non-medical self-care or self-help programs.
70. Failure to keep a scheduled appointment.
71. Treatment for acne, moles, skin tags, diseases of sebaceous glands, seborrhea, sebaceous cyst, unspecified disease of sebaceous glands, hypertrophic and atrophic conditions of skin, nevus.
72. Treatment incurred as a result of exposure to non-medical nuclear radiation and/or radioactive material(s).

# LIMITATIONS & EXCLUSIONS - NORTH CAROLINA

Benefits will not be paid for loss or expense caused by or resulting from any of the following:

1. Expenses for the treatment of Preexisting Conditions, as defined in the Preexisting Conditions Limitation provision.
2. Expenses incurred during the waiting period:
  - a. Benefits are not payable for charges incurred for the treatment of any for Sickness for the first 5 days following the Covered Person's Effective Date of coverage under the Policy.
  - b. Benefits are not payable for charges incurred for the treatment of any Cancer for the first 30 days following the Covered Person's Effective Date of coverage under the Policy.Subject to the Exclusion for Pre-Existing Conditions and other terms and conditions of the Policy, benefits are payable for such Eligible Expenses at the end of the applicable waiting period.
3. Expenses incurred prior to the Effective Date of a Covered Person's coverage or incurred after the Expiration Date, regardless of when the condition originated, except in accordance with the Extension of Benefits provision.
4. Expenses to treat complications resulting from treatment, drugs, supplies, devices, procedures or conditions which are not covered under the Policy.
5. Expenses incurred for Experimental or Investigational services or treatment or unproven services or treatment.
6. Amounts in excess of the Maximum Allowable Expense for covered services or supplies.
7. Expenses You or Your Covered Dependent are not required to pay, or which would not have been billed, if no insurance existed.
8. Expenses that do not meet the definition of or are not specifically identified under the Policy as Covered Expenses.
9. Expenses for purposes determined by Us to be educational.
10. Expenses to the extent that they are paid or payable under another group insurance or medical prepayment plan.
11. Charges that are eligible for payment by Medicare or any other government program except Medicaid.
12. Expenses for care in government institutions unless You or Your Covered Dependent are obligated to pay for such care.
13. Expenses related to Injury or Sickness arising out of or in the course of any occupation for compensation, wage or profit, if the Covered Person is insured, or is required to be insured, by occupational disease insurance or the North Carolina Workers' Compensation Act only to the extent such services or supplies are the liability of the employee, employer or workers' compensation insurance carrier according to a final adjudication under the North Carolina' Worker's Compensation Act or an order of the North Carolina Industrial Commission approving a settlement agreement under the North Carolina Worker's Compensation Act.
14. Expenses incurred by a Covered Person while on active duty in the armed forces. Upon written notice to Us of entry into such active duty, the unused premium will be returned to You on a pro-rated basis.
15. Expenses resulting from a declared or undeclared war, or from voluntary participation in a riot or insurrection. War does not include terrorism.
16. Expenses incurred while engaging in an illegal act or occupation or during the commission, or the attempted commission, of a felony or assault.
17. Expenses for the treatment of normal pregnancy or childbirth, except for Complications of Pregnancy.
18. Expenses for voluntary termination of normal pregnancy or elective cesarean section.
19. Expenses incurred for any drug, including birth control pills, implants, injections, supply, treatment device or procedure that prevents conception or childbirth.
20. Expenses for the diagnosis and treatment of infertility, including but not limited to any attempt to induce fertilization by any method, in vitro fertilization, artificial insemination or similar procedures, whether the Covered Person is a donor, recipient or surrogate.
21. Expenses for sterilization or reversal of sterilization.
22. Charges for a Covered Dependent who is a newborn child not yet discharged 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 birth, and except as state mandates.
23. Expenses for sex transformation or penile implants or sex dysfunction or inadequacies.
24. Expenses for physical exams or other services not needed for medical treatment, except as specifically covered.
25. Expenses for prophylactic treatment, including surgery or diagnostic testing, except as specifically covered.
26. Expenses for the treatment of mental illness or nervous disorders, including, but not limited to, neurosis, psychoneurosis, psychopathy, psychosis, attention deficit disorder, autism, hyperactivity, or mental or emotional disease or disorder of any kind; except as specifically covered.

27. Expenses for the treatment of alcoholism or alcohol abuse, chemical dependency, substance abuse or drug addiction; except as specifically covered.
28. Expenses incurred in connection with programs, treatment, or procedures for tobacco use cessation.
29. Expenses resulting from suicide or attempted suicide or intentionally self-inflicted Injury, while sane or insane.
30. Expenses for dental treatment or care or orthodontia or other treatment involving the teeth or supporting structures, except as specifically covered.
31. Expenses of radial keratotomy or correction of refractive error, eye refractions, vision therapy, routine vision exams to assess the initial need for, or changes to prescription eyeglasses or contact lenses, the purchase, fitting or adjustment of eyeglasses or contact lenses, or treatment of cataracts.
32. Expenses for routine hearing exams to assess the need for or change to hearing aids, or the purchase, fittings or adjustments of hearing aids.
33. Expenses for cosmetic or reconstructive procedures, services or supplies; except as specifically covered. This does not apply to a newborn child, adopted child or foster child added as a Covered Person pursuant to the terms of the Policy.
34. Expenses for breast reduction or augmentation or complications arising from these procedures; except as specifically covered.
35. Outpatient Prescription or Legend Drugs, medications, vitamins, and mineral or food supplements, including pre-natal vitamins, or any over-the-counter medicines, whether or not ordered by a Doctor, unless it is specifically included as a Covered Expense. This does not include Prescription or Legend Drugs administered by a Doctor in an inpatient or outpatient setting in conjunction with a Covered Expense, unless they are drugs that can be self-administered.
36. Expenses incurred in connection with any drug or other item used to treat hair loss.
37. Expenses incurred in the treatment of weak, strained, flat, unstable, or unbalanced feet, metatarsalgia, bunions, spurs, or the removal of corns, calluses or toenails, unless specifically for the treatment of a metabolic or peripheral vascular disease or for the prompt repair of an Injury sustained while coverage is in force for the Covered Person. This does not apply to Covered Expenses covered under the diabetic benefit.
38. Expenses incurred in the treatment of acne, or varicose veins.
39. Expenses of weight loss programs or diets.
40. Transportation Expenses, except as specifically covered.
41. Expenses for rest or recuperation cures or care in an extended care facility, convalescent nursing home, a facility providing rehabilitative treatment, Extended Care Facility, or home for the aged, whether or not part of a Hospital, unless it is specifically covered.
42. All charges incurred while confined primarily to receive custodial or convalescent care, unless it is specifically covered.
43. Expenses for services or supplies for personal comfort or convenience, including homemaker services or supportive services focusing on activities of daily life that do not require the skills of qualified technical or professional personnel, including but not limited to bathing, dressing, feeding, routine skin care, bladder care and administration of oral medications or eye drops.
44. Expenses for services or supplies furnished or provided by a member of Your Immediate Family.
45. Expenses for diagnosis or treatment of a sleeping disorder.
46. Expenses incurred in the treatment of Injury or Sickness resulting from participation, instructing, demonstrating, guiding or accompanying others in the following: operation of a flight in an aircraft other than a regularly scheduled flight by an airline; extreme sports: hot-air ballooning; skydiving, scuba diving, hang or ultra-light gliding, base jumping, rock or mountain climbing, bungee jumping, sail gliding, parasailing, para kiting, cave exploration, parkour; riding an all-terrain vehicle such as a dirt bike, snowmobile or go-cart; racing with a motorcycle, boat or any form of aircraft; racing including stunt show or speed test of any motorized or non-motorized vehicle; any participation in sports for pay or profit; participation in rodeo contests; or similar hazardous activities.
47. Expenses for the purchase of a noninvasive osteogenesis stimulator (bone stimulator).
48. Expenses for services or supplies of a common household use, such as exercise cycles, air or water purifiers, air conditioners, allergenic mattresses, and blood pressure kits.
49. Expenses during the first 6-months after the Effective Date of coverage for a Covered Person for: [(a) total or partial hysterectomy, unless it is Medically Necessary due to a diagnosis of carcinoma; (b) tonsillectomy; (c) adenoidectomy; (d) repair of deviated nasal septum or any type of surgery involving the sinus; (e) myringotomy; (f) tympanotomy; or (g) herniorrhaphy; (subject to all other coverage provisions, including but not limited to, the Pre-existing Conditions exclusion).

50. Expenses for participating in interscholastic, intercollegiate or organized competitive sports. This does not include dependent children participating in local community sports activities.
51. Medical care, treatment, service or supplies received outside of the United States, Canada or its possessions, unless specifically covered.
52. Expenses for private duty nursing services.
53. Expenses for the repair or maintenance of a wheelchair, hospital-type bed or similar durable mechanical equipment.
54. Expenses for orthotics, special shoes, spine and arch supports, heel wedges, sneakers or similar devices unless they are a permanent part of an orthopedic leg brace.
55. Expenses incurred in connection with the voluntary taking of a poison or inhaling gas.
56. Expenses incurred in connection with obesity treatment or weight reduction including all forms of intestinal and gastric bypass surgery, including the reversal of such surgery even if the Covered Person has other health conditions that might be helped by a reduction of obesity or weight.
57. Expenses for marital counseling or social counseling.
58. Expenses for acupuncture.
59. Expenses for a service or supply whose primary purpose is to provide a Covered Person with (1) training in the requirements of daily living; (2) instruction in scholastic skills such as reading and writing; (3) preparation for an occupation; (4) treatment of learning disabilities, developmental delays or dyslexia; or (5) development beyond a point where function has been demonstrably restored.
60. Expenses for replacement of artificial limbs or eyes.
61. Expenses for removal of breast implants.
62. Chronic fatigue or pain disorders.
63. Kidney or end stage renal disease.
64. Treatment or diagnosis of allergies, except for emergency treatment of allergic reactions.
65. Biofeedback, acupuncture, recreational, sleep or mist therapy, holistic care of any nature, massage and kinestherapy, excepted as provided for under Home Health Care.
66. Hypnotherapy when used to treat conditions that are not recognized as Mental Disorders by the American Psychiatric Association, and biofeedback and non-medical self-care or self-help programs.
67. Failure to keep a scheduled appointment.
68. Treatment for acne, moles, skin tags, diseases of sebaceous glands, seborrhea, sebaceous cyst, unspecified disease of sebaceous glands, hypertrophic and atrophic conditions of skin, nevus.
69. Treatment incurred as a result of exposure to non-medical nuclear radiation and/or radioactive material(s).

## LIMITATIONS & EXCLUSIONS - OKLAHOMA

Benefits will not be paid for loss or expense caused by or resulting from any of the following:

1. Expenses for the treatment of Preexisting Conditions, as defined in the Preexisting Conditions Limitation provision.
2. Expenses incurred during the waiting period:
  - a. Covered Persons will only be entitled to receive benefits for Sicknesses that begin, by occurrence of symptoms and/or receipt of treatment, more than 5 days following the Covered Person's Effective Date of coverage under the Policy.
  - b. Covered Persons will only be entitled to receive benefits for Cancer that begins, by occurrence of symptoms or receipt of treatment more than 30 days following the Covered Person's Effective Date of coverage under the Policy.
3. Expenses incurred prior to the Effective Date of a Covered Person's coverage or incurred after the Expiration Date, regardless of when the condition originated, except in accordance with the Extension of Benefits provision.
4. Expenses to treat complications resulting from treatment, drugs, supplies, devices, procedures or conditions which are not covered under the Group Policy.
5. Expenses incurred for Experimental or Investigational services or treatment or unproven services or treatment.
6. Amounts in excess of the Maximum Allowable Expense for covered services or supplies.
7. Expenses You or Your Covered Dependent are not required to pay, or which would not have been billed, if no insurance existed.
8. Expenses that do not meet the definition of or are not specifically identified under the Group Policy as Covered Expenses.
9. Expenses for purposes determined by Us to be educational.
10. Expenses to the extent that they are paid or payable under another group insurance or medical prepayment plan.
11. Charges that are eligible for payment by Medicare or any other government program except Medicaid.
12. Expenses for care in government institutions unless You or Your Covered Dependent are obligated to pay for such care.
13. Expenses related to Injury or Sickness arising out of or in the course of any occupation for compensation, wage or profit, if the Covered Person is insured, or is required to be insured, by occupational disease or workers' compensation insurance pursuant to applicable state or federal law, whether or not application for such benefits has been made.
14. Medical expenses which are payable under any automobile insurance policy without regard to fault (does not apply in any state where prohibited).
15. Expenses incurred by a Covered Person while on active duty in the armed forces. Upon written notice to Us of entry into such active duty, the unused premium will be returned to You on a pro-rated basis.
16. Expenses resulting from a declared or undeclared war when serving in the military or an auxiliary unit thereto, or from voluntary participation in a riot or insurrection.
17. Expenses incurred while engaging in an illegal act or occupation or during the commission, or the attempted commission, of a felony or assault.
18. Expenses for the treatment of normal pregnancy or childbirth, except for Complications of Pregnancy.
19. Expenses for voluntary termination of normal pregnancy or elective cesarean section.
20. Expenses incurred for any drug, including birth control pills, implants, injections, supply, treatment device or procedure that prevents conception or childbirth.
21. Expenses for the diagnosis and treatment of infertility, including but not limited to any attempt to induce fertilization by any method, in vitro fertilization, artificial insemination or similar procedures, whether the Covered Person is a donor, recipient or surrogate.
22. Expenses for sterilization or reversal of sterilization.
23. Charges for a Covered Dependent who is a newborn child not yet discharged 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 birth, and except as state mandates.
24. Expenses for sex transformation or penile implants or sex dysfunction or inadequacies.
25. Expenses for physical exams or other services not needed for medical treatment, except as specifically covered.
26. Expenses for prophylactic treatment, including surgery or diagnostic testing, except as specifically covered.
27. Expenses for the treatment of mental illness or nervous disorders, including, but not limited to, neurosis, psychoneurosis, psychopathy, psychosis, attention deficit disorder, autism, hyperactivity, or mental or emotional disease or disorder of any kind; except as specifically covered.
28. Expenses for the treatment of alcoholism or alcohol abuse, chemical dependency, substance abuse or drug addiction; except as specifically covered.

29. Expenses incurred for loss sustained or contracted in consequence of the Covered Person being intoxicated or under the influence of any narcotic unless administered on the advice of a Doctor. Intoxication shall be established conclusively by a blood alcohol level of .10 or the legal limit in the state where the incident occurred, whichever is less.
30. Expenses incurred in connection with programs, treatment, or procedures for tobacco use cessation.
31. Expenses resulting from suicide or attempted suicide or intentionally self-inflicted Injury, while sane or insane.
32. Expenses for dental treatment or care or orthodontia or other treatment involving the teeth or supporting structures, except as specifically covered.
33. Expenses incurred in the treatment by any method for jaw joint problems including temporomandibular joint dysfunction (TMJ), TMJ pain syndromes, craniomandibular disorders, myofascial pain dysfunction or other conditions of the joint linking the jaw bone and skull and the complex of muscles, nerves and other tissues related to the joint, except as specifically covered.
34. Expenses of radial keratotomy or correction of refractive error, eye refractions, vision therapy, routine vision exams to assess the initial need for, or changes to prescription eyeglasses or contact lenses, the purchase, fitting or adjustment of eyeglasses or contact lenses, or treatment of cataracts.
35. Expenses for routine hearing exams to assess the need for or change to hearing aids, or the purchase, fittings or adjustments of hearing aids.
36. Expenses for cosmetic or reconstructive procedures, services or supplies; except as specifically covered.
37. Expenses for breast reduction or augmentation or complications arising from these procedures; except as specifically covered.
38. Outpatient Prescription or Legend Drugs, medications, vitamins, and mineral or food supplements, including pre-natal vitamins, or any over-the-counter medicines, whether or not ordered by a Doctor, unless it is specifically included as a Covered Expense. This does not include Prescription or Legend Drugs administered by a Doctor in an inpatient or outpatient setting in conjunction with a Covered Expense, unless they are drugs that can be self-administered.
39. Expenses incurred in connection with any drug or other item used to treat hair loss.
40. Expenses incurred in the treatment of weak, strained, flat, unstable, or unbalanced feet, metatarsalgia, bunions, spurs, or the removal of corns, calluses or toenails, unless specifically for the treatment of a metabolic or peripheral vascular disease or for the prompt repair of an Injury sustained while coverage is in force for the Covered Person.
41. Expenses incurred in the treatment of acne, or varicose veins.
42. Expenses of weight loss programs or diets.
43. Transportation Expenses, except as specifically covered.
44. Expenses for rest or recuperation cures or care in an extended care facility, convalescent nursing home, a facility providing rehabilitative treatment, Extended Care Facility, or home for the aged, whether or not part of a Hospital, except as specifically covered.
45. All charges incurred while confined primarily to receive custodial or convalescent care, unless it is specifically covered.
46. Expenses for services or supplies for personal comfort or convenience, including homemaker services or supportive services focusing on activities of daily life that do not require the skills of qualified technical or professional personnel, including but not limited to bathing, dressing, feeding, routine skin care, bladder care and administration of oral medications or eye drops.
47. Expenses for services or supplies furnished or provided by a member of Your Immediate Family.
48. Expenses for diagnosis or treatment of a sleeping disorder.
49. Expenses incurred in the treatment of Injury or Sickness resulting from participation, instructing, demonstrating, guiding or accompanying others in the following if the Covered Person is paid to participate or instruct: operation of a flight in an aircraft other than a regularly scheduled flight by an airline; extreme sports: hot-air ballooning; skydiving, scuba diving, hang or ultralight gliding, base jumping, rock or mountain climbing, bungee jumping, sail gliding, parasailing, para kiting, cave exploration, parkour; riding an all-terrain vehicle such as a dirt bike, snowmobile or go-cart; racing with a motorcycle, boat or any form of aircraft; racing including stunt show or speed test of any motorized or non-motorized vehicle; any participation in sports for pay or profit; participation in rodeo contests; or similar hazardous activities.
50. Expenses for the purchase of a noninvasive osteogenesis stimulator (bone stimulator).
51. Expenses for services or supplies of a common household use, such as exercise cycles, air or water purifiers, air conditioners, allergenic mattresses, and blood pressure kits.
52. Expenses during the first 6-months after the Effective Date of coverage for a Covered Person for: (a) any disorder of the reproductive organs, unless it is Medically Necessary due to a diagnosis of carcinoma; (b) varicose veins; or (c) herniorrhaphy; (subject to all other coverage provisions, including but not limited to, the Pre-existing Conditions exclusion). This exclusion will not apply if the treatment is provided on an emergency basis.

53. Expenses for participating in interscholastic, intercollegiate or organized competitive sports. This does not include dependent children participating in local community sports activities.
54. Medical care, treatment, service or supplies received outside of the United States, Canada or its possessions.
55. Expenses for private duty nursing services.
56. Expenses for the repair or maintenance of a wheelchair, hospital-type bed or similar durable mechanical equipment.
57. Expenses for orthotics, special shoes, spine and arch supports, heel wedges, sneakers or similar devices unless they are a permanent part of an orthopedic leg brace.
58. Expenses incurred in connection with the voluntary taking of a poison or inhaling gas.
59. Expenses incurred in connection with obesity treatment or weight reduction including all forms of intestinal and gastric bypass surgery, including the reversal of such surgery even if the Covered Person has other health conditions that might be helped by a reduction of obesity or weight.
60. Expenses for marital counseling or social counseling.
61. Expenses for acupuncture.
62. Expenses for a service or supply whose primary purpose is to provide a Covered Person with: (1) training in the requirements of daily living; (2) instruction in scholastic skills such as reading and writing; (3) preparation for an occupation; (4) treatment of learning disabilities, developmental delays or dyslexia; or (5) development beyond a point where function has been demonstrably restored.
63. Expenses for replacement of artificial limbs or eyes.
64. Expenses for removal of breast implants.
65. Chronic fatigue or pain disorders.
66. Kidney or end stage renal disease.
67. Treatment or diagnosis of allergies, except for emergency treatment of allergic reactions.
68. Biofeedback, acupuncture, recreational, sleep or mist therapy, holistic care of any nature, massage and kinestherapy, excepted as provided for under Home Health Care.
69. Hypnotherapy when used to treat conditions that are not recognized as Mental Disorders by the American Psychiatric Association, and biofeedback and non-medical self-care or self-help programs.
70. Failure to keep a scheduled appointment.
71. Treatment for acne, moles, skin tags, diseases of sebaceous glands, seborrhea, sebaceous cyst, unspecified disease of sebaceous glands, hypertrophic and atrophic conditions of skin, nevus.
72. Treatment incurred as a result of exposure to non-medical nuclear radiation and/or radioactive material(s).



# LIMITATIONS & EXCLUSIONS - SOUTH DAKOTA

Benefits will not be paid for loss or expense caused by or resulting from any of the following:

1. Expenses for the treatment of Preexisting Conditions, as defined in the Preexisting Conditions Limitation provision.
2. Expenses incurred during the waiting period:
  - a. Covered Persons will only be entitled to receive benefits for Sicknesses that begin, by occurrence of symptoms and/or receipt of treatment, more than 5 days following the Covered Person's Effective Date of coverage under the Policy.
  - b. Covered Persons will only be entitled to receive benefits for Cancer that begins, by occurrence of symptoms or receipt of treatment more than 30 days following the Covered Person's Effective Date of coverage under the Policy.
3. Expenses incurred prior to the Effective Date of a Covered Person's coverage or incurred after the Expiration Date, regardless of when the condition originated, except in accordance with the Extension of Benefits provision.
4. Expenses incurred for Experimental or Investigational services or treatment or unproven services or treatment.
5. Amounts in excess of the Maximum Allowable Expense for covered services or supplies.
6. Expenses You or Your Covered Dependent are not required to pay, or which would not have been billed, if no insurance existed.
7. Expenses that do not meet the definition of or are not specifically identified under the Policy as Covered Expenses.
8. Expenses for purposes determined by Us to be educational.
9. Charges that are eligible for payment by Medicare or any other government program except Medicaid.
10. Expenses for care in government institutions unless You or Your Covered Dependent are obligated to pay for such care.
11. Expenses related to Injury or Sickness arising out of or in the course of any occupation for compensation, wage or profit, if the Covered Person is insured, or is required to be insured, by occupational disease or workers' compensation insurance pursuant to applicable state or federal law, when application for such benefits has been made.
12. Medical expenses which are payable under any automobile insurance policy without regard to fault (does not apply in any state where prohibited).
13. Expenses incurred by a Covered Person while on active duty in the armed forces. Upon written notice to Us of entry into such active duty, the unused premium will be returned to You on a pro-rated basis.
14. Expenses resulting from a declared or undeclared war, or from voluntary participation in a riot or insurrection.
15. Expenses incurred while engaging in an illegal act or occupation or during the commission, or the attempted commission, of a felony or assault.
16. Expenses for the treatment of normal pregnancy or childbirth, except for Complications of Pregnancy.
17. Expenses for voluntary termination of normal pregnancy or elective cesarean section.
18. Expenses incurred for any drug, including birth control pills, implants, injections, supply, treatment device or procedure that prevents conception or childbirth.
19. Expenses for the diagnosis and treatment of infertility, including but not limited to any attempt to induce fertilization by any method, in vitro fertilization, artificial insemination or similar procedures, whether the Covered Person is a donor, recipient or surrogate.
20. Expenses for sterilization or reversal of sterilization.
21. Charges for a Covered Dependent who is a newborn child not yet discharged 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 birth, and except as state mandates.
22. Expenses for sex transformation or penile implants or sex dysfunction or inadequacies.
23. Expenses for physical exams or other services not needed for medical treatment, except as specifically covered.
24. Expenses for prophylactic treatment, including surgery or diagnostic testing, except as specifically covered.
25. Expenses for the treatment of mental illness or nervous disorders, including, but not limited to, neurosis, psychoneurosis, psychopathy, psychosis, attention deficit disorder, autism, hyperactivity, or mental or emotional disease or disorder of any kind; except as specifically covered.
26. Expenses for the treatment of alcoholism or alcohol abuse, chemical dependency, substance abuse or drug addiction; except as specifically covered.
27. Expenses incurred for loss sustained or contracted in consequence of the Covered Person being intoxicated or under the influence of any narcotic while committing a felony at the time of loss, unless administered on the advice of a Doctor. Intoxication shall be established conclusively by a blood alcohol level of .10 or the legal limit in the state where the incident occurred, whichever is less.
28. Expenses incurred in connection with programs, treatment, or procedures for tobacco use cessation.

29. Expenses resulting from suicide or attempted suicide or intentionally self-inflicted Injury, while sane or insane.
30. Expenses for Dental Treatment or care or orthodontia or other treatment involving the teeth or supporting structures, except as specifically covered.
31. Expenses incurred in the treatment by any method for jaw joint problems including temporomandibular joint dysfunction (TMJ), TMJ pain syndromes, craniomandibular disorders, myofascial pain dysfunction or other conditions of the joint linking the jaw bone and skull and the complex of muscles, nerves and other tissues related to the joint, except as specifically covered.
32. Expenses of radial keratotomy or correction of refractive error, eye refractions, vision therapy, routine vision exams to assess the initial need for, or changes to prescription eyeglasses or contact lenses, the purchase, fitting or adjustment of eyeglasses or contact lenses, or treatment of cataracts.
33. Expenses for routine hearing exams to assess the need for or change to hearing aids, or the purchase, fittings or adjustments of hearing aids.
34. Expenses for cosmetic or reconstructive procedures, services or supplies; except as specifically covered.
35. Expenses for breast reduction or augmentation or complications arising from these procedures; except as specifically covered.
36. Outpatient Prescription or Legend Drugs, medications, vitamins, and mineral or food supplements, including pre-natal vitamins, or any over-the-counter medicines, whether or not ordered by a Doctor, unless it is specifically included as a Covered Expense. This does not include Prescription or Legend Drugs administered by a Doctor in an inpatient or outpatient setting in conjunction with a Covered Expense, unless they are drugs that can be self-administered.
37. Expenses incurred in connection with any drug or other item used to treat hair loss.
38. Expenses incurred in the treatment of weak, strained, flat, unstable, or unbalanced feet, metatarsalgia, bunions, spurs, or the removal of corns, calluses or toenails, unless specifically for the treatment of a metabolic or peripheral vascular disease or for the prompt repair of an Injury sustained while coverage is in force for the Covered Person.
39. Expenses incurred in the treatment of acne, or varicose veins.
40. Expenses of weight loss programs or diets.
41. Transportation Expenses, except as specifically covered.
42. Expenses for rest or recuperation cures or care in an extended care facility, convalescent nursing home, a facility providing rehabilitative treatment, Extended Care Facility, or home for the aged, whether or not part of a Hospital, unless it is specifically covered.
43. All charges incurred while confined primarily to receive custodial or convalescent care, unless it is specifically covered.
44. Expenses for services or supplies for personal comfort or convenience, including homemaker services or supportive services focusing on activities of daily life that do not require the skills of qualified technical or professional personnel, including but not limited to bathing, dressing, feeding, routine skin care, bladder care and administration of oral medications or eye drops.
45. Expenses for services or supplies furnished or provided by a member of Your Immediate Family. This does not include an Immediate Family member who is the only Doctor in the area and acting within the scope of their normal employment.
46. Expenses for diagnosis or treatment of a sleeping disorder.
47. Expenses incurred in the treatment of Injury or Sickness resulting from participation, instructing, demonstrating, guiding or accompanying others in the following: operation of a flight in an aircraft other than a regularly scheduled flight by an airline; extreme sports: hot-air ballooning; skydiving, scuba diving, hang or ultra-light gliding, base jumping, rock or mountain climbing, bungee jumping, sail gliding, parasailing, para kiting, cave exploration, parkour; riding an all-terrain vehicle such as a dirt bike, snowmobile or go-cart; racing with a motorcycle, boat or any form of aircraft; racing including stunt show or speed test of any motorized or non-motorized vehicle; any participation in sports for pay or profit; participation in rodeo contests; or similar hazardous activities.
48. Expenses for the purchase of a noninvasive osteogenesis stimulator (bone stimulator).
49. Expenses for services or supplies of a common household use, such as exercise cycles, air or water purifiers, air conditioners, allergenic mattresses, and blood pressure kits.
50. Expenses for: (a) total or partial hysterectomy, unless it is Medically Necessary due to a diagnosis of carcinoma; (b) tonsillectomy; (c) adenoidectomy; (d) repair of deviated nasal septum or any type of surgery involving the sinus; (e) myringotomy; (f) tympanotomy; or (g) herniorrhaphy; (subject to all other coverage provisions, including but not limited to, the Pre-existing Conditions exclusion).
51. Expenses for participating in interscholastic, intercollegiate or organized competitive sports. This does not include dependent children participating in local community sports activities.

52. Medical care, treatment, service or supplies received outside of the United States, Canada or its possessions, unless specifically covered.
53. Expenses for private duty nursing services.
54. Expenses for the repair or maintenance of a wheelchair, hospital-type bed or similar durable mechanical equipment.
55. Expenses for orthotics, special shoes, spine and arch supports, heel wedges, sneakers or similar devices unless they are a permanent part of an orthopedic leg brace.
56. Expenses incurred in connection with the voluntary taking of a poison or inhaling gas.
57. Expenses incurred in connection with obesity treatment or weight reduction including all forms of intestinal and gastric bypass surgery, including the reversal of such surgery even if the Covered Person has other health conditions that might be helped by a reduction of obesity or weight.
58. Expenses for marital counseling or social counseling.
59. Expenses for acupuncture.
60. Expenses for a service or supply whose primary purpose is to provide a Covered Person with (1) training in the requirements of daily living; (2) instruction in scholastic skills such as reading and writing; (3) preparation for an occupation; (4) treatment of learning disabilities, developmental delays or dyslexia; or (5) development beyond a point where function has been demonstrably restored.
61. Expenses for replacement of artificial limbs or eyes.
62. Expenses for removal of breast implants.
63. Chronic fatigue or pain disorders.
64. Kidney or end stage renal disease.
65. Treatment or diagnosis of allergies, except for emergency treatment of allergic reactions.
66. Biofeedback, acupuncture, recreational, sleep or mist therapy, holistic care of any nature, massage and kinestherapy, excepted as provided for under Home Health Care.
67. Hypnotherapy when used to treat conditions that are not recognized as Mental Disorders by the American Psychiatric Association, and biofeedback and non-medical self-care or self-help programs.
68. Failure to keep a scheduled appointment.
69. Treatment for acne, moles, skin tags, diseases of sebaceous glands, seborrhea, sebaceous cyst, unspecified disease of sebaceous glands, hypertrophic and atrophic conditions of skin, nevus.
70. Treatment incurred as a result of exposure to non-medical nuclear radiation and/or radioactive material(s).

# PRE-EXISTING CONDITIONS & SHORT TERM

Short Term plans are medically underwritten and generally do not cover pre-existing conditions. Look below for the Pre-Existing Condition Limitation<sup>1</sup> with the Short Term Medical Insurance issued by Pan-American Life Insurance Company.



## KANSAS, MISSOURI, & OKLAHOMA PRE-EXISTING CONDITION LIMITATION

Benefits will not be provided for any loss caused by, or resulting from, a Pre-existing Condition.

“Pre-existing Condition” means any medical condition or sickness for which:

1. Medical advice, care, diagnosis, treatment, Consultation, or medication was recommended by or received from a Doctor within the 24 months immediately prior to a Covered Person’s Effective Date of coverage; or
2. Symptoms existed within the 24 months immediately prior to the Covered Persons Effective Date of coverage which would cause a reasonable person to seek diagnosis, care or treatment.

“Consultation” means evaluation, diagnosis, or medical advice was given with or without the necessity of a personal examination or visit. This limitation does not apply to a newborn child or newborn adopted child who is added to coverage in accordance with Eligibility provision.

This limitation does not apply to any Covered Expense payable for Pre-existing Conditions until the Pre-existing Allowance Maximum benefit shown in the Schedule of Benefits has been reached.

**North Carolina** variation of Pre-Existing Condition Limitation, see page 29.

**South Dakota** variation of Pre-Existing Condition Limitation, see page 29.

<sup>1</sup>This is a very brief description of the Short Term Medical plan issued by Pan-American Life Insurance Company. **For full details, limitations, exclusions, and terms of coverage, review the Policy and any Disclosures in your state. Coverage and benefits may vary or may not be available in all states.** Definitions of each Covered Expense is provided in the Policy. Please review for full details. All benefits are limited to Usual, Reasonable and Customary Fees. Coverage is not limited to the benefits listed and eligible expenses are subject to plan limitations. If there are any discrepancies between this brochure and the Policy, the Policy will govern.

## NORTH CAROLINA PRE-EXISTING CONDITION LIMITATION

Benefits will not be provided for any loss caused by, or resulting from, a Pre-existing Condition.

“Pre-existing Condition” means any medical condition or sickness for which:

1. Medical advice, care, diagnosis, treatment, Consultation was recommended by or received from a Doctor within the 12 months immediately prior to a Covered Person’s Effective Date of coverage; or

“Consultation” means evaluation, diagnosis, or medical advice was given with or without the necessity of a personal examination or visit. This limitation does not apply to a newborn child, adopted child or foster child who is added to coverage in accordance with Eligibility provision.

This limitation does not apply to any Covered Expense payable for Pre-existing Conditions until the Pre-existing Allowance Maximum benefit shown in the Schedule of Benefits has been reached.

## SOUTH DAKOTA PRE-EXISTING CONDITION LIMITATION

Benefits will not be provided for any loss caused by, or resulting from, a Pre-existing Condition.

“Pre-existing Condition” means any medical condition or sickness for which:

1. Medical advice, care, diagnosis, treatment, Consultation, or medication was recommended by or received from a Doctor within the 12 months immediately prior to a Covered Person’s Effective Date of coverage; or
2. Symptoms existed within the 12 months immediately prior to the Covered Persons Effective Date of coverage which would cause a reasonable person to seek diagnosis, care or treatment.

“Consultation” means evaluation, diagnosis, or medical advice was given with or without the necessity of a personal examination or visit. This limitation does not apply to a newborn child or newborn adopted child who is added to coverage in accordance with Eligibility provision.

This limitation does not apply to any Covered Expense payable for Pre-existing Conditions until the Pre-existing Allowance Maximum benefit shown in the Schedule of Benefits has been reached.

<sup>1</sup>This is a very brief description of the Short Term Medical plan issued by Pan-American Life Insurance Company. **For full details, limitations, exclusions, and terms of coverage, review the Policy and any Disclosures in your state. Coverage and benefits may vary or may not be available in all states.** Definitions of each Covered Expense is provided in the Policy. Please review for full details. All benefits are limited to Usual, Reasonable and Customary Fees. Coverage is not limited to the benefits listed and eligible expenses are subject to plan limitations. If there are any discrepancies between this brochure and the Policy, the Policy will govern.

# IMPORTANT DISCLOSURES

Review the state-specific Policy for all disclosures, disclaimers, terms, conditions, definitions, claim provisions, and premium provisions specific to your state.

THIS COVERAGE IS NOT REQUIRED TO COMPLY WITH CERTAIN FEDERAL MARKET REQUIREMENTS FOR HEALTH INSURANCE, PRINCIPALLY THOSE CONTAINED IN THE AFFORDABLE CARE ACT. BE SURE TO CHECK THE POLICY CAREFULLY TO MAKE SURE YOU ARE AWARE OF ANY EXCLUSIONS OR LIMITATIONS REGARDING COVERAGE OF PRE-EXISTING CONDITIONS OR HEALTH BENEFITS (SUCH AS HOSPITALIZATION, EMERGENCY SERVICES, MATERNITY CARE, PREVENTIVE CARE, PRESCRIPTION DRUGS, MENTAL HEALTH AND SUBSTANCE ABUSE DISORDER SERVICES). THIS COVERAGE ALSO HAS LIFETIME AND/OR ANNUAL DOLLAR LIMITS ON HEALTH BENEFITS. IF THIS COVERAGE EXPIRES OR YOU LOSE ELIGIBILITY FOR THIS COVERAGE, YOU MIGHT HAVE TO WAIT UNTIL AN OPEN ENROLLMENT PERIOD TO GET OTHER HEALTH INSURANCE COVERAGE. THIS INFORMATION IS A BRIEF DESCRIPTION OF THE IMPORTANT FEATURES OF THIS INSURANCE PLAN. COVERAGE MAY NOT BE AVAILABLE IN ALL STATES OR CERTAIN TERMS MAY BE DIFFERENT WHERE REQUIRED BY STATE LAW. PRE-EXISTING CONDITIONS ARE NOT COVERED, AND BENEFITS ARE SUBJECT TO THE POLICY LIMITATIONS AND EXCLUSIONS. REFER TO THE POLICY FOR COMPLETE DETAILS. SHORT TERM LIMITED DURATION POLICIES ARE ISSUED BY PAN-AMERICAN LIFE INSURANCE COMPANY ON COMPANY FORM NUMBERS:

<b>KS:</b> STM-IND-POL-19-KS	<b>MO:</b> STM-IND-POL-19-MO	<b>NC:</b> STM-IND-POL-19-NC	<b>OK:</b> STM-IND-POL-19-OK	<b>SD:</b> STM-IND_POL-19-SD
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<sup>1</sup>This is a very brief description of the Short Term Medical plan issued by Pan-American Life Insurance Company. **For full details, limitations, exclusions, and terms of coverage, review the Policy and any Disclosures in your state. Coverage and benefits may vary or may not be available in all states.** Definitions of each Covered Expense is provided in the Policy. Please review for full details. All benefits are limited to Usual, Reasonable and Customary Fees. Coverage is not limited to the benefits listed and eligible expenses are subject to plan limitations. If there are any discrepancies between this brochure and the Policy, the Policy will govern.

## STATE SPECIFIC DISCLOSURES

### KANSAS ADDITIONAL DISCLOSURE:

#### NON-RENEWABLE MANDATE LITE INDIVIDUAL SHORT TERM MEDICAL EXPENSE INSURANCE POLICY

Mandate Lite means an individual accident and sickness insurance plan that does not contain one or more of the Kansas mandated benefits.

**10-DAY RIGHT TO RETURN THE POLICY** If for any reason you are not satisfied with this Policy, you may return it to us within 10-days after you receive it. We will refund any premium paid and coverage issued under the Policy will be deemed void, just as though coverage had not been issued.

**THIS IS SHORT TERM, LIMITED DURATION COVERAGE**

**NONRENEWABLE POLICY – NO CONTINUOUS COVERAGE.** This Policy provides coverage on a short term basis. It is not renewable. Although this short-term plan may be rewritten for one new and completely separate Coverage Periods (as long as You meet eligibility criteria), coverage does not continue from one Policy to another. This means that a new Enrollment Form must be submitted, a new Policy Effective Date is given, and a new Pre-Existing Condition exclusion period begins. Any medical condition which may have occurred and/or existed under a prior Policy will be treated as a Pre-Existing Condition under the new Policy.

**THIS IS A LIMITED POLICY, PLEASE READ IT CAREFULLY.**

#### IMPORTANT NOTICE

Please read the copy of the application attached to this Policy. Carefully check the application and write to the Company at the address above within 10 days, if any information shown on it is not correct and complete, or if any past medical history has been left out of the application. This application is a part of the Policy and the Policy was issued on the basis that answers to all questions and the information shown on the application are correct and complete.

### MISSOURI ADDITIONAL DISCLOSURE:

#### 10-DAY RIGHT TO RETURN THE POLICY

If for any reason you are not satisfied with this Policy, you may return it to us within 10-days after you receive it. We will refund any premium paid and coverage issued under the Policy will be deemed void, just as though coverage had not been issued.

**THIS IS SHORT TERM, LIMITED DURATION COVERAGE**

**NONRENEWABLE POLICY – NO CONTINUOUS COVERAGE.** This Policy provides coverage on a short term basis. It is not renewable. Although this short-term plan may be rewritten for new and completely separate Coverage Periods (as long as You meet eligibility criteria), coverage does not continue from one Policy to another. This means that a new Enrollment Form must be submitted, a new Policy Effective Date is given, and a new Pre-Existing Condition exclusion period begins. Any medical condition which may have occurred and/or existed under a prior Policy will be treated as a Pre-Existing Condition under the new Policy.

**LIMITED BENEFITS, PLEASE READ CAREFULLY.** No benefits are payable for Sicknesses which arise during the first 5 days following a Covered Person's Effective Date. No Benefits are payable for cancer which arises during the first 30 days following a Covered Person's Policy Effective Date. See the EXCLUSIONS AND LIMITATIONS section for details.

### NORTH CAROLINA ADDITIONAL DISCLOSURE:

#### 10-DAY RIGHT TO RETURN THE POLICY

If for any reason you are not satisfied with this Policy, you may return it to us within 10-days after you receive it. We will refund any premium paid and coverage issued under the Policy will be deemed void, just as though coverage had not been issued.

**THIS IS SHORT TERM, LIMITED DURATION COVERAGE – READ YOUR POLICY CAREFULLY**

**NONRENEWABLE POLICY – NO CONTINUOUS COVERAGE.** This Policy provides coverage on a short term basis. It is not renewable. Although this short-term plan may be rewritten for new and completely separate Coverage Periods (as long as You meet eligibility criteria), coverage does not continue from one Policy to another. This means that a new Enrollment Form must be submitted, a new Policy Effective Date is given, and a new Pre-Existing Condition exclusion period begins. Any medical condition which may have occurred and/or existed under a prior Policy will be treated as a Pre-Existing Condition under the new Policy.

**LIMITED BENEFITS, PLEASE READ CAREFULLY.** No benefits are payable for Sicknesses which arise during the first 5 days following a Covered Person's Effective Date. No Benefits are payable for cancer which arises during the first 30 days following a Covered Person's Policy Effective Date. See the EXCLUSIONS AND LIMITATIONS section for details.

**REFER TO THE TERMINATION OF INSURANCE PROVISION FOR INFORMATION ON CANCELLATION.**

**THIS POLICY CONTAINS A PRE-EXISTING CONDITION LIMITATION**

**Non-Compliance with the Pre-Admission Certification procedure will result in a reduction in benefits of 50%.**

<sup>1</sup>This is a very brief description of the Short Term Medical plan issued by Pan-American Life Insurance Company. **For full details, limitations, exclusions, and terms of coverage, review the Policy and any Disclosures in your state. Coverage and benefits may vary or may not be available in all states.** Definitions of each Covered Expense is provided in the Policy. Please review for full details. All benefits are limited to Usual, Reasonable and Customary Fees. Coverage is not limited to the benefits listed and eligible expenses are subject to plan limitations. If there are any discrepancies between this brochure and the Policy, the Policy will govern.

**10-DAY RIGHT TO RETURN THE POLICY**

If for any reason you are not satisfied with this Policy, you may return it to us within 10-days after you receive it. We will refund any premium paid and coverage issued under the Policy will be deemed void, just as though coverage had not been issued. If we do not return any premiums paid within 30 days from the date of cancellation, We will pay interest on the proceeds.

**THIS IS SHORT TERM, LIMITED DURATION COVERAGE**

**NONRENEWABLE POLICY – NO CONTINUOUS COVERAGE.** This Policy provides coverage on a short term basis. It is not renewable. Although this short-term plan may be rewritten for new and completely separate Coverage Periods (as long as You meet eligibility criteria), coverage does not continue from one Policy to another. This means that a new Enrollment Form must be submitted, a new Policy Effective Date is given, and a new Pre-Existing Condition exclusion period begins. Any medical condition which may have occurred and/or existed under a prior Policy will be treated as a Pre-Existing Condition under the new Policy.

**LIMITED BENEFITS, PLEASE READ CAREFULLY.** No benefits are payable for Sicknesses which arise during the first 5 days following a Covered Person’s Effective Date. No Benefits are payable for cancer which arises during the first 30 days following a Covered Person’s Policy Effective Date. See the EXCLUSIONS AND LIMITATIONS section for details.

**WARNING:** Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**ACA Essential Health Benefits vs Short Term Limited Duration Insurance Plans  
Oklahoma Disclosure**

Please review the Policy for complete details

ACA Essential Health Benefits	Pan-American's Short Term Health Insurance Plans
Emergency services	Covered, subject to deductibles and coinsurance. Some plans limit benefits.
Hospitalization	Covered, subject to deductible and coinsurance. Some plans limit benefits.
Maternity and newborn care	Not Covered. Complications of pregnancy are covered.
Mental health disorder services	Covered, subject to deductible and coinsurance, limited to \$100 per day for 30 inpatient days and \$100 per visit for 10 outpatient visits.
Substance use disorder services	Covered, subject to deductible and coinsurance, limited to \$100 per day for 30 inpatient days and \$100 per visit for 10 outpatient visits.
Prescription drugs	Not covered.
Rehabilitative services and devices	Physical, Occupational and Speech Therapy covered up to \$100 per visit for 20 visits combined, subject to deductible and coinsurance.
Habilitative services	Not covered.
Laboratory services	Covered, subject to deductible and coinsurance.
Adult Preventive exams	Covered. One annual exam covered after a \$50 copayment.
Routine child care	Covered, subject to deductible and coinsurance. Immunizations are not subject to deductible.
Pediatric dental and vision care	Not covered.

This is a very brief description of the Short Term Medical plan and Covered Expenses issued by Pan-American Life Insurance Company. **For full details, limitations, exclusions, and terms of coverage, review the Policy & any Disclosures in your state. Coverage and benefits may vary or may not be available in all states.** Definitions of each Covered Expense is provided in the Policy. Please review for full details. All benefits are limited to Usual, Reasonable and Customary Fees. Coverage is not limited to the benefits listed and eligible expenses are subject to plan limitations. If there are any discrepancies between this brochure and the Policy, the Policy will govern.



### Oklahoma Short Term Medical Disclosure

#### State Mandated Benefits vs Short Term Limited Duration Insurance Benefits

Please review the Policy for complete details

Oklahoma Mandated Benefits	Pan-American's Short Term Health Insurance Plans
Newborn and Adopted Children coverage	Covered, subject to deductible and coinsurance.
No Denial Based on Domestic Violence	Covered.
Bone Density Testing (osteoporosis)	Not Covered.
<b>Mandates when coverage period is more than 6 months:</b>	
Low-dose Mammography Screening	Covers one mammography for a female age 50 years of age or older. Not subject to deductible. Subject to coinsurance.
Diabetes Treatment	Not covered.
Maternity Coverage	Not covered. Complications of pregnancy are covered.
Routine Annual Obstetrical/Gynecological Examinations	Covered. After a \$50 copayment. Not subject to deductible.
Child Immunization to age 18, not subject to deductible or coinsurance	Covered to age 16, subject to deductible and coinsurance. Immunizations are not subject to deductible.
Oklahoma Breast Cancer Patient Protection Act (breast reconstructive surgery)	Covered.
Medically Necessary Dental Procedure for Disabled or Minors	Not covered.
Audiological Services/Hearing Aids for children under age 18	Not covered.
Prostrate Screenings (\$65)	Covers one PSA test for a male 50 years of age or older. Not subject to deductible.
Colorectal Cancer Screenings	Not covered.
Wigs or Scalp Prosthesis for Chemotherapy (\$150)	Not covered.
Orally Administered Anti-Cancer Medications (\$100 copay per filled prescription)	Not covered.
Treatment for biologically based mental illness	Covered, subject to deductible and coinsurance, limited to \$100 per day for 30 inpatient days and \$100 per visit for 10 outpatient visits.
Autism Spectrum Disorder	Not Covered.
Telemedicine or telehealth services	Not Covered.

I/we understand that the state mandates otherwise required to be covered by Title 36 of the Oklahoma Statutes will not be covered under the short term limited duration insurance plan that I/we applied for, as shown above.

(A signed copy of the Oklahoma Short Term Medical Disclosure will be part of the enrollment process. Above information is for reference only.)

<sup>1</sup>This is a very brief description of the Short Term Medical plan issued by Pan-American Life Insurance Company. **For full details, limitations, exclusions, and terms of coverage, review the Policy and any Disclosures in your state. Coverage and benefits may vary or may not be available in all states.** Definitions of each Covered Expense is provided in the Policy. Please review for full details. All benefits are limited to Usual, Reasonable and Customary Fees. Coverage is not limited to the benefits listed and eligible expenses are subject to plan limitations. If there are any discrepancies between this brochure and the Policy, the Policy will govern.

## SOUTH DAKOTA ADDITIONAL DISCLOSURE:

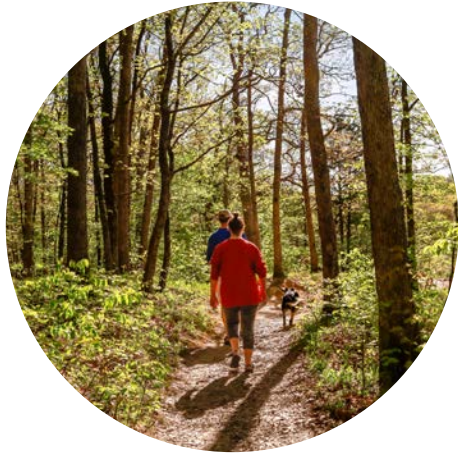
## 10-DAY RIGHT TO RETURN THE POLICY

If for any reason you are not satisfied with this Policy, you may return it to us within 10-days after you receive it. We will refund any premium paid and coverage issued under the Policy will be deemed void, just as though coverage had not been issued.

The Policy is a Short Term Major Medical Insurance Policy which provides coverage for 6 months or less duration and excludes coverage for preexisting conditions. Short term major medical plans do not satisfy the requirement for individuals to have insurance under the Patient Protection and Affordable Care Act and individuals who have purchased short term major medical coverage may be subject to federal penalties for not having minimum essential coverage.

LIMITED BENEFITS, PLEASE READ CAREFULLY. No benefits are payable for Sicknesses which arise during the first 5 days following a Covered Person's Effective Date. No Benefits are payable for cancer which arises during the first 30 days following a Covered Person's Policy Effective Date. See the EXCLUSIONS AND LIMITATIONS section for details.

This is a very brief description of the Short Term Medical plan and Covered Expenses issued by Pan-American Life Insurance Company. **For full details, limitations, exclusions, and terms of coverage, review the Policy & any Disclosures in your state. Coverage and benefits may vary or may not be available in all states.** Definitions of each Covered Expense is provided in the Policy. Please review for full details. All benefits are limited to Usual, Reasonable and Customary Fees. Coverage is not limited to the benefits listed and eligible expenses are subject to plan limitations. If there are any discrepancies between this brochure and the Policy, the Policy will govern.



# CLAIMS



PRE-NOTIFICATION  
1-800-650-6497

FIND A NETWORK PROVIDER  
[primehealthpon.primehealthservices.com/Search](http://primehealthpon.primehealthservices.com/Search)

## CLAIMS ADMINISTRATOR:

Insurance Benefit System  
Administrators c/o Zellis PO BOX 247  
Alpharatta, GA 30009-0247

All other claims information:  
Insurance Benefit Systems Administrators  
PO BOX 1917  
Shawnee Mission, KS 66201-1317

BENEFITS, CLAIMS SERVICES  
1-888-716-2988  
[clientservices@ibsadmin.com](mailto:clientservices@ibsadmin.com)

- NO CLAIMS FORMS REQUIRED
- Facility Charge: Plan pays up to 150% of Medicare Allowable charge.



The Prime Health Services network is not affiliated with Pan-American Life Insurance Company and the insurance benefits provided are not dependent on the use of this network. For more information about this network please visit: [primehealthpon.primehealthservices.com/Search](http://primehealthpon.primehealthservices.com/Search).

## PRE-AUTHORIZATION

Surgery, Hospital admissions and lengths of stay are subject to authorization by the pre-authorization service, as stated below.

1. You must notify the pre-authorization service on behalf of a Covered Person:
  - a. as soon as possible before the expense is to be incurred for an elective or non-elective or non-Emergency Hospitalization or surgery;
  - b. Within 48 hours following an Emergency admission of the Covered Person to a Hospital, or as soon thereafter as is reasonably possible; or
  - c. Within 48 hours of delivery for complicated births.
2. The pre-authorization service, after reviewing the applicable information, will authorize:
  - a. if the Hospital admission is Medically Necessary;
  - b. The appropriate length of stay; and
  - c. Appropriate extensions beyond the initially-authorized length of stay.
3. Reduction of Benefits - If Covered Expenses are not authorized by the pre-authorization service, We will only pay 50% of the benefits which would otherwise have been payable for Covered Expenses, unless the Covered Person is incapacitated and unable to contact us. In such cases, the Covered Person must contact Us as soon as possible. No benefits will be payable in the event such surgery or Hospital admission, length of stay or extension of stay is not Medically Necessary or Experimental or Investigational.
4. Not a Guarantee of Benefits - Pre-Authorization does not guarantee that benefits will be paid. Payment of benefits will be determined by Us in accordance with and subject to all terms, conditions, limitations and exclusions of the Policy.

## PRE-NOTIFICATION

**MO Members:** The Pre-Authorization provision above is replaced with the following Pre-Notification in Missouri:

Surgery, Hospital admissions and lengths of stay are subject to pre-notification, as stated below:

1. You must notify the plan administrator on behalf of a Covered Person:
  - a. As soon as possible before the expense is to be incurred for an elective or non-Emergency Hospitalization or surgery;
  - b. Within 48-hours following an Emergency admission of the Covered Person to a Hospital, or as soon thereafter as is reasonably possible; or
  - c. Within 48-hours of delivery for complicated birth.
2. The plan administrator, after reviewing the applicable information, will authorize:
  - a. If the Hospital admission is Medically Necessary;
  - b. The appropriate length of stay; and
  - c. Appropriate extensions beyond the initially-authorized length of stay.
3. Not a Guarantee of Benefits – Pre-Notification does not guarantee that benefits will be paid. Payment of benefits will be determined by Us in accordance with and subject to all terms, conditions, limitations and exclusions of this Policy.
4. If an authorized representative authorizes the expenses, We will not subsequently retract Our authorization after the health care services have been provided, or reduce payment for an Eligible Expense furnished in reliance on approval, unless: (a) such authorization is based on a material misrepresentation or omission about the treated Covered Person's health condition or the cause of the health condition; or (b) the Covered Person's coverage terminates before the health care services are provided.

**NC Members:** The Pre-Authorization state **variation of #1 & #4** from the top description are replaced with the following:

1. You must notify the pre-authorization service on behalf of a Covered Person:
  - a. As soon as possible before the expense is to be incurred for an elective or non-Emergency Hospitalization or surgery; or
  - b. Within 48-hours of delivery for complicated birth.
4. Payment of benefits will be determined by Us in accordance with and subject to all terms, conditions, limitations and exclusions of this Policy. The Company shall not subsequently retract its determination after the services, supplies or other items have been provided, or reduce payment for such services furnished in reliance on such a determination, unless the determination was based on a material misrepresentation on any part of the Covered Person and/or provider.

**OK Members:** The Pre-Authorization provision from the top description is **changed with the following:**

The Item #3, Reduction of Benefits, above replaces the first sentence in OK with the following: If Covered Expenses are not authorized by the pre-authorization service, We will only pay up to \$1,000 of the benefits which would otherwise have been payable for Covered Expenses, unless the Covered Person is incapacitated and unable to contact us.



# Add the A La Carte Health & Wellness Non-Insurance Benefit Boost Subscription Products.

## YOU CAN ENHANCE YOUR PLAN WITH

### **BENEFIT BOOST SUBSCRIPTION PRODUCTS**

- Walmart Health Virtual Care Visits (Virtual Urgent Care & Virtual Talk Therapy Visits)
- Walmart Health Virtual Care's Virtual PCP Solution  
(Virtual Urgent Care, Virtual Talk Therapy and Virtual Primary Care Visits including wellness labs\*)
- SML Dental Discount powered by the Aetna Dental Access® Network
- Paramount RX® Retail Prescription & Pet RX Discounts
- Benefit Boost 1.0  
(includes Walmart Health Virtual Care Visits (Virtual Urgent Care & Virtual Talk Therapy Visits), Dental Discounts powered by the Aetna Dental Access® network, Retail Prescription & Pet RX Discounts powered by Paramount RX®, Free Gummy Multi-Vitamins, and Identity Theft discounts through LifeLock®.)
- Benefit Boost 2.0  
(includes Walmart Health Virtual Care's Virtual PCP Solution (Virtual Urgent Care, Virtual Talk Therapy, and Virtual Primary Care Visits including wellness labs\*), Dental Discounts powered by the Aetna Dental Access® network, Retail Prescription & Pet RX Discounts powered by Paramount RX®, Free Gummy Multi-Vitamins, and Identity Theft discounts through LifeLock®.)

All Benefit Boost Subscription Products are a la carte health and wellness non-insurance membership services and can be purchased on a stand-alone basis. Stand-alone Benefit Boost non-insurance subscription product costs are in addition to any Short Term Medical Insurance premiums.

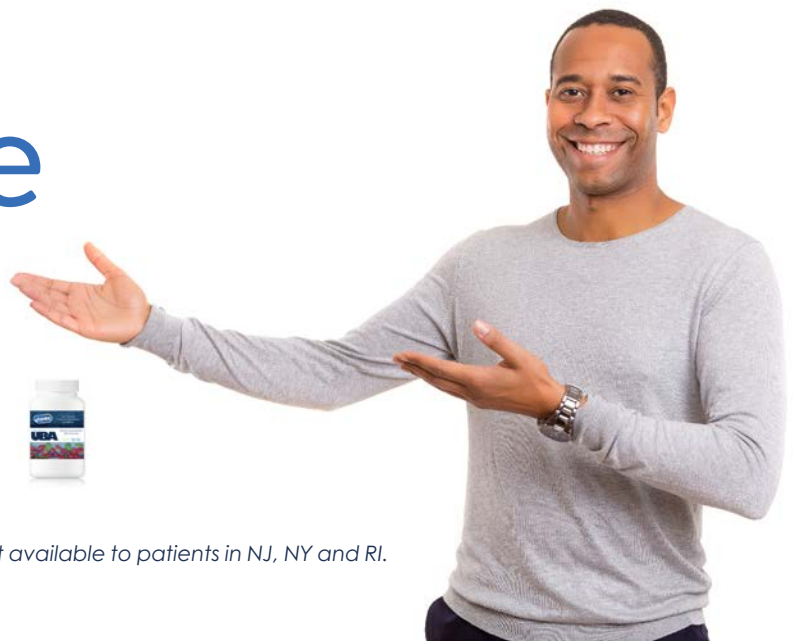
Benefit Boost Subscription non-insurance benefits are not affiliated with Pan-American Life Insurance Company. **The Healthy America Association & the Benefit Boost Subscription Products are NOT required to apply and enroll in the Individual Short Term Medical Insurance issued by Pan American Insurance Company.** The benefits listed for the Benefit Boost products (listed above) are not insurance and do not provide coverage, they only provide discounts and services. Benefit discounts and services vary by state. Please refer to the Benefit Boost Subscription Product Membership Guide(s) for complete details on membership.

# Walmart Health Virtual Care

## Aetna Dental Access®

PARAMOUNT  Rx

 LifeLock®



\*Wellness Lab tests are paid for by HealthyAmerica and not by you. Not available to patients in NJ, NY and RI.

CALL WHEN YOU NEED  
CUSTOMER SERVICE

866-438-4274

# We Care.

## Offering Knowledgeable & Caring Customer Service.

*Our customer service department is always willing to go the extra mile to help a customer understand the Individual Short Term Medical Insurance issued by Pan American Life Insurance Company. We value our members and our experienced staff will provide members understanding insurance along with any of or optional Benefit Boost Subscription Products. We can help with billing issues, cancellations, address or email changes and much more. Healthy America provides a Member Portal for the member to be able to access their product information including the following:*

1. Brochures for all plans in which Member is enrolled
2. Insurance Policy or additional state-specific documents.
3. E-signed Enrollment Forms including any additional state-specific enrollment documents and disclosures.
4. Digital ID cards for all plans in which Member is enrolled
5. How to Use section that explains how to use the non-insurance Benefit Boost membership services and discounts including links to services. (if applicable)

**Member Portal:**

<https://members.haahub.com>

## Call 866-438-4274

for any item listed above or any other questions today. We will be happy to assist you in finding what you are looking for.

### Free Look Period, Cancellations and Refunds.

Most states allow a 10-day free-look period for the Short Term Medical Insurance provided no claims have been filed. To cancel or for any billing related questions, you would need to contact the billing TPA:

H A Partners, Inc or Healthy America (depending on state)

409 W Vickery Blvd, Fort Worth, TX 76014

Toll Free Number: 1-866-438-4274

Email: [info@healthyamericaassociation.com](mailto:info@healthyamericaassociation.com)

Website: <https://healthyamericaassociation.com>

Member Portal: <https://members.haahub.com>





This brochure is a brief description of the individual short term medical insurance issued by Pan-American Life Insurance Company in the following states:

KS, MO, NC, OK, & SD

Please make sure to review the Policy along with any applicable disclosures or forms in order to review all coverage details, terms, conditions, limitations and exclusions **prior to enrolling in this plan.**