

YOUR BRIDGE TO BETTER HEALTHCARE & DIRECT PRIMARY CARE



Reliable, temporary health coverage available to members of the Healthy America Association





Everest Global, Ltd.

Everest is a global underwriting leader providing best-in-class property, casualty, and specialty reinsurance and insurance solutions that address customers' most pressing challenges.

Known for a 50-year track record of disciplined underwriting, capital and risk management, Everest, through its global operating affiliates, is committed to underwriting opportunity for colleagues, customers, shareholders, and communities worldwide.

Everest brings the full strength of resources, underwriting expertise and financial strength to regions where our world-class services are needed most.

Everest common stock (NYSE: EG) is a component of the S&P 500 index.

AM Best: A+ (Superior)

S&P: A+ (Strong)

Moody's: A1 (Good)

Learn more about Everest, their people and products at:

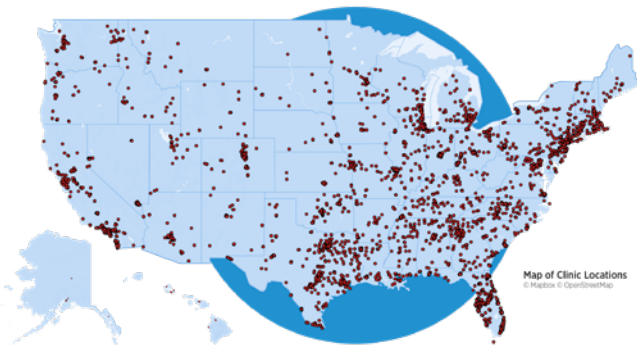
<https://www.everestglobal.com>



Healthcare2U (HC2U)

HC2U is the provider for the HealthBridge Direct Primary Care non-insurance services (doctor office, urgent care, wellness visit, and virtual doctor visits)

Since 2013, Healthcare2U has expanded its primary care physician network nationwide. Through these doctors, we can give members **affordable, accessible, and claim-free primary care** when and where they need it. Members can travel freely, knowing that Healthcare2U's network and cloud based Electronic Health Records (EHR) follow them digitally if, and when, they need it.



HC2U DPC PLUS is part of the Benefit Boost 4.0 non-insurance services included in this HealthBridge DPC membership plan.



InsuranceTPA.com

Established in 2009, InsuranceTPA.com is designed to help individuals, families, and associations by providing exemplary claims administration with sophisticated technology and leans on a workforce that is highly motivated to perform with superior quality standards.

Below are some of the proprietary administration services utilized by InsuranceTPA.com:

- 99.99% available online Customer self-service claims administration
- Highly efficient claims processing (In aggregate, InsuranceTPA averaged a highly impressive 99.7% claims accuracy score)
- Real-Time Provider online benefit tools
- Real-Time data login for all parties involved
- Quarterly Claim System Analysis (system is upgraded quarterly)
- FairHealth Usual and Customary Updates
- Customer Service Measurable Metrics - meets and exceeds metric standards.

Customer Portal:

Customers can visit InsuranceTPA.com website to check Claim Status and Submit a Claim.

<https://www.insurancetpa.com>

Online Provider Portal:

Health Care providers can visit InsuranceTPA.com website to view real time claims status, upload medical records.

<https://www.insurancetpa.com>

InsuranceTPA.com is the Short Term Medical Insurance Claim's Administrator for the HealthBridge DPC membership plan.



Healthy America Association

The Healthy America Association (HAA) is an association made up of members who are interested in enhancing their quality of life with healthy lifestyle related educational information, discounts on benefits and services and other areas of interests to members. Healthy America Association helps assist members in taking advantage of the mass purchasing power of a large group. **You must be a member of HAA in order to enroll in this HealthBridge DPC membership plan.**



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IMPORTANT: This program provides short term medical insurance only. It does not provide basic hospital, basic medical, or comprehensive major medical coverage, and does not satisfy the “minimum essential coverage” requirements of the Patient Protection and Affordable Care Act.

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BRIDGING THE GAP

SHORT TERM MEDICAL INSURANCE FOR LIFE'S TRANSITIONS!

In the ever-evolving landscape of healthcare, individuals often find themselves in transitional periods where traditional health insurance might not be the most suitable option. This is where Short Term Medical Insurance comes into play. Let's explore what Short Term Medical Insurance is, who it benefits, and why it is a viable option for certain individuals.

WHAT IS SHORT TERM MEDICAL INSURANCE

Short Term Medical Insurance is a type of health coverage designed to provide temporary protection for individuals during gaps in their standard health insurance coverage. These plans are typically less expensive than traditional insurance and offer a flexible solutions to those in need of temporary coverage. Short Term Medical Insurance policies generally last from a few months up to a year, depending on the insurer and state regulations.

While Short Term Medical Insurance plans offer many benefits, they are not a substitute for comprehensive health insurance. They typically cover unexpected illnesses and injuries but may not include prescription drugs, maternity care, or pre-existing conditions.

WHY CHOOSE SHORT TERM MEDICAL INSURANCE

There are several reasons why individuals might opt for Short Term Medical Insurance:



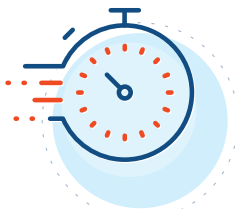
AFFORDABILITY

Compared to traditional health insurance plans, STMI is often more affordable, making it an attractive option for those on a budget.



FLEXIBILITY

Short Term Medical Insurance plans are designed to offer flexibility in terms of coverage duration and plan options, allowing individuals to tailor their coverage to specific needs.



QUICK ENROLLMENT

The enrollment process for STMI is generally faster and simpler than traditional health plans, with coverage that can begin sooner.



PEACE OF MIND

For those in transitional periods, Short Term Medical Insurance provides the peace of mind that comes with knowing they have protection against unexpected medical expenses.

WHO BENEFITS FROM SHORT TERM MEDICAL INSURANCE

Short Term Medical Insurance is particularly beneficial for:

RECENT GRADS

Individuals who have just finished college and are transitioning into the workforce may experience a lapse in coverage. Short Term Medical Insurance can provide them with necessary protection until they secure employer-provided insurance.



JOB SEEKERS

Those who are temporarily unemployed or between jobs can use Short Term Medical Insurance to bridge the gap until they receive coverage from their new employer.



EARLY RETIREES

Individuals who retire before becoming eligible for Medicare might find Short Term Medical Insurance a cost-effective option to cover their healthcare needs during the interim period.



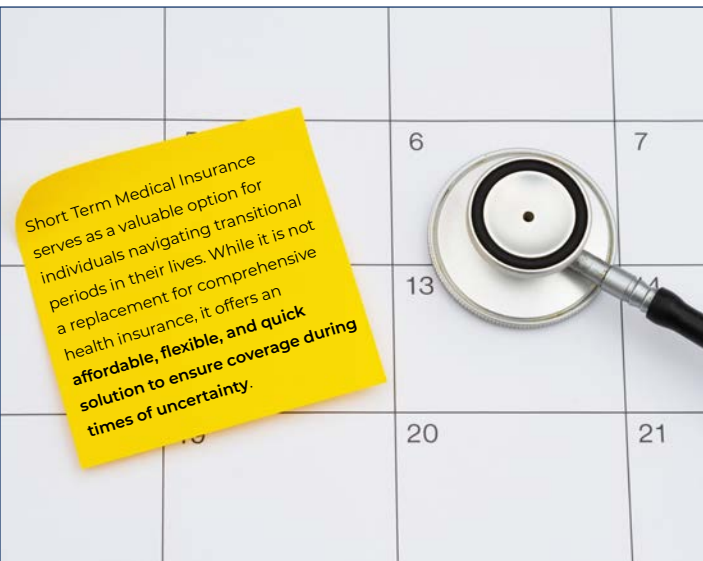
PART-TIME OR SEASONAL WORKERS

Employees who do not receive benefits from their employer can use Short Term Medical Insurance as a temporary solution to ensure they have coverage for unexpected medical events.



STUDENTS TAKING A GAP YEAR

Students who are taking a break from their studies may lose student health coverage and need a short-term solution.



Accessing The HealthBridge Insurance Network

All individuals enrolled in HealthBridge Short Term Medical Insurance plans have the option to utilize the PHCS Practitioner and Ancillary network providers. Details about the PHCS network can be found on your HealthBridge ID card, as demonstrated in the sample below. (For Doctor Visits, Urgent Care Visits and Wellness Visits, see page 10).

While members have the privilege of using the PHCS Practitioner and Ancillary network, they are free to seek care and services from any provider of their choice. The Everest Short Term Medical Insurance is not restricted to a specific network, allowing for greater flexibility in selecting healthcare providers.

Understanding Provider Billing with HealthBridge Short Term Medical Insurance

When you choose a provider within the PHCS Practitioner and Ancillary network, the fees are capped at the PHCS contracted or discounted rate, which is considered the Maximum Allowable Expense (MAE). In this case, the provider is not permitted to charge you for any amount exceeding the MAE.

However, **if you opt for a provider outside the PHCS network**, your covered expenses will be assessed based on a "Usual and Customary Fee" review to determine the MAE. In such instances, you may be liable for the difference between the actual charges and the MAE, and these additional costs can sometimes be substantial.

Understanding the concept of balance billing is crucial. Be informed about the potential for balance billing and how it might impact your Short Term Medical Insurance coverage.

Important Note: The PHCS contracted rates do not extend to "facility" charges. For facility-related expenses, the insurance plan covers up to 150% of the rates allowed by Medicare. Specifically in Nebraska, as of February 2021, all practitioner, ancillary, and facility charges are reimbursed at 150% of Medicare allowable rates.

PHCS Physicians Network Benefits

Choice: Members can enjoy extensive access to over 814,000 practitioners, making it the largest primary PPO in the nation. To find a participating provider, visit www.multiplan.com or call **(800) 992-4362**.

Savings: By taking advantage of negotiated discounts or contracted pricing, members can achieve significant cost savings on healthcare services.

Quality: The network ensures high standards by implementing rigorous criteria and credentialing for providers, allowing members to confidently select their physicians from a top-quality network.

How This Benefits You

By utilizing network practitioners, covered individuals can significantly lower or completely avoid additional out-of-pocket expenses. This valuable benefit eliminates the possibility of balance billing for charges incurred with network providers. However, opting for non-participating practitioners might result in the insured being responsible for charges exceeding the Maximum Allowable Expense (MAE) for uncovered services.

HEALTHBRIDGE DPC
SHORT TERM MEDICAL ID CARD

MEMBER ID: STMMEMID#
PLAN DEDUCTIBLE: DEDAMT
MEMBERSHIP: MEMTYPE

MEMBERS	EFFECTIVE DATE	ER Copay: \$500 Diagnostic Copay: \$500
MEMBERNAME1	MEMEFFFDATE1	Facility Charge: plan pays up to 150% of Medicare Allowable charge. Healthcare2U DPC* Schedule Visit: 800-496-2805 Member ID: BBSTMMEMID# Doctor Visits: \$10 Access Fee Annual Physical & Labs: \$10 Access Fee Urgent Care Visits: \$25 Access Fee Virtual Primary Care Visits: \$0 Access Fee
MEMBERNAME2	MEMEFFFDATE2	
MEMBERNAME3	MEMEFFFDATE3	
MEMBERNAME4	MEMEFFFDATE4	
MEMBERNAME5	MEMEFFFDATE5	
MEMBERNAME6	MEMEFFFDATE6	
MEMBERNAME7	MEMEFFFDATE7	
MEMBERNAME8	MEMEFFFDATE8	
MEMBERNAME9	MEMEFFFDATE9	
MEMBERNAME10	MEMEFFFDATE10	

This card does not constitute a guarantee of eligibility or claim payment.
This policy is a limited duration policy not subject to Affordable Care Act requirements.
Additional Deductibles, Coinsurance, Out-of-Pocket Maximums, Benefit Limits & Covered Period Maximums also apply.
In NE, PHCS does not apply. All practitioner, ancillary, and facility charges are reimbursed at 150% of Medicare allowable rates.
*HCU is a non-insurance benefit as part of this HealthBridge membership plan. Everest Reinsurance, Everest Global Insurance PA.com, PHCS & Multiplan do not offer & are not affiliated with the HCU service. HCU does not allow walk-ins. You must call the Schedule Visit # with HCU PAI to get scheduled for an appointment. Access Fees for visits apply. View Benefit Book 4.0 Member Guide for details about HCU. https://healthyamericasassociation.com/guide_4.0k_HA.pdf

PHCS
Practitioner & Ancillary Only

SEND CLAIMS TO
All Medical Claims
Insurance TPA
P.O. Box 241869
Apple Valley, MN 55124
EDI Payor ID: 39182

Benefits, Claim Services
(800) 279-2290
www.insurancetpa.com

Pre-Certification
You are required to Pre-Certify all Inpatient Hospitalization & Surgical Procedures. Failure to comply will result in a reduction of benefits.
(800) 641-5566

FIND A NETWORK PROVIDER
To locate a participating provider
Visit: www.multiplan.com
Call: **(800) 922-4362**

You have access to the PHCS provider network but are not obligated to use these providers. However, your out-of-pocket expenses may be reduced if you choose to do so.
(Not applicable in NE: as of February 2021, all practitioner, ancillary, and facility charges are reimbursed at 150% of Medicare allowable rates.)

Billing & Cancellation:
HealthyAmerica / H A Partners, Inc.
Call: **(866) 438-4274**
(M-Thurs 8am-5pm CST / Fri 8am-130pm CST)
Email: info@healthyamericasassociation.com
Website: <https://healthyamericasassociation.com>

Member Portal:
Access plan materials at:
<https://members.haahub.com>

Short Term Medical Insurance underwritten by Everest Reinsurance Company

Disclaimer: The amount of reduction varies by state and type of medical service received. Members must pay for all services, no portion of any provider's fees will be reimbursed or otherwise paid by MultiPlan PHCS network. PHCS does not process claims, they only provide a network of providers who have agreed to accept negotiated prices. The list of participating providers is subject to change without notice for more information about this network, please visit Multiplan.com.



Pre-certification Requirements

All inpatient Hospitalizations and procedures done at an Outpatient Facility **must be pre-certified**.

To comply with pre-certification requirements, the Covered Person must:

1. Contact the professional review organization at the telephone number listed on your I.D. card and in the Certificate of Insurance as soon as possible before the expense is to be incurred; and
2. Comply with the instructions of the professional review organization and submit any information or documents they require; and
3. Notify all Doctors, Hospitals and other providers that this insurance contains pre-certification requirements and ask them to fully cooperate with the professional review organization.



If the Covered Person complies with the pre-certification requirements, and the expenses are pre-certified, payment for Eligible Expenses will be made subject to all terms, conditions, provisions and exclusions described in the Certificate.



If the Covered Person does not comply with the pre-certification requirements, or if the expenses are not pre-certified, **eligible expenses will be reduced by 50%**.

Emergency pre-certification: In the event of an emergency Hospital admission, pre-certification must be made within 48 hours after the admission, or as soon as is reasonable possible.

Pre-certification does not guarantee benefits - the fact that expenses are pre-certified does not guarantee either payment of benefits or the amount of benefits. Eligibility for and payment of benefits are subject to all the terms conditions, provisions and exclusions of the Certificate of Insurance.

Concurrent review - for Inpatient stays of any kind, the professional review organization will pre-certify a limited number of days of confinement. Additional days of Inpatient confinement may later be pre-certified if a Covered Person receives prior approval.

(OH, TN & TX Pre-Certification Requirements provision under Eligible Expenses in the OH, TN, & TX Certificates of Insurance and applicable Riders have a variation from above. Please consult the OH, TN and TX Certificates of Insurance and Riders for details.)

Please make sure to review the Certificate of insurance, applicable Riders, and Schedule of Benefits for full benefit details, definitions, terms, limitations and exclusions. If there are any discrepancies between this brochure and the Certificate and applicable Riders, the Certificate and applicable Riders shall govern. Pre-Existing Limitations apply to some benefits.

Valuable Health Insurance Coverage for Times of Transition



HOSPITAL BENEFITS



EMERGENCY ROOM CARE



TRANSPLANT BENEFITS



X-RAY & LABORATORY



INPATIENT & OUTPATIENT SURGERY



OUTPATIENT SERVICES



AMBULANCE TRANSPORTATION

The additional services below are covered under Benefit Boost 4.0 & HC2U Direct Primary Care benefits. See page 10 for details.



WELLNESS



URGENT CARE



DOCTOR VISITS

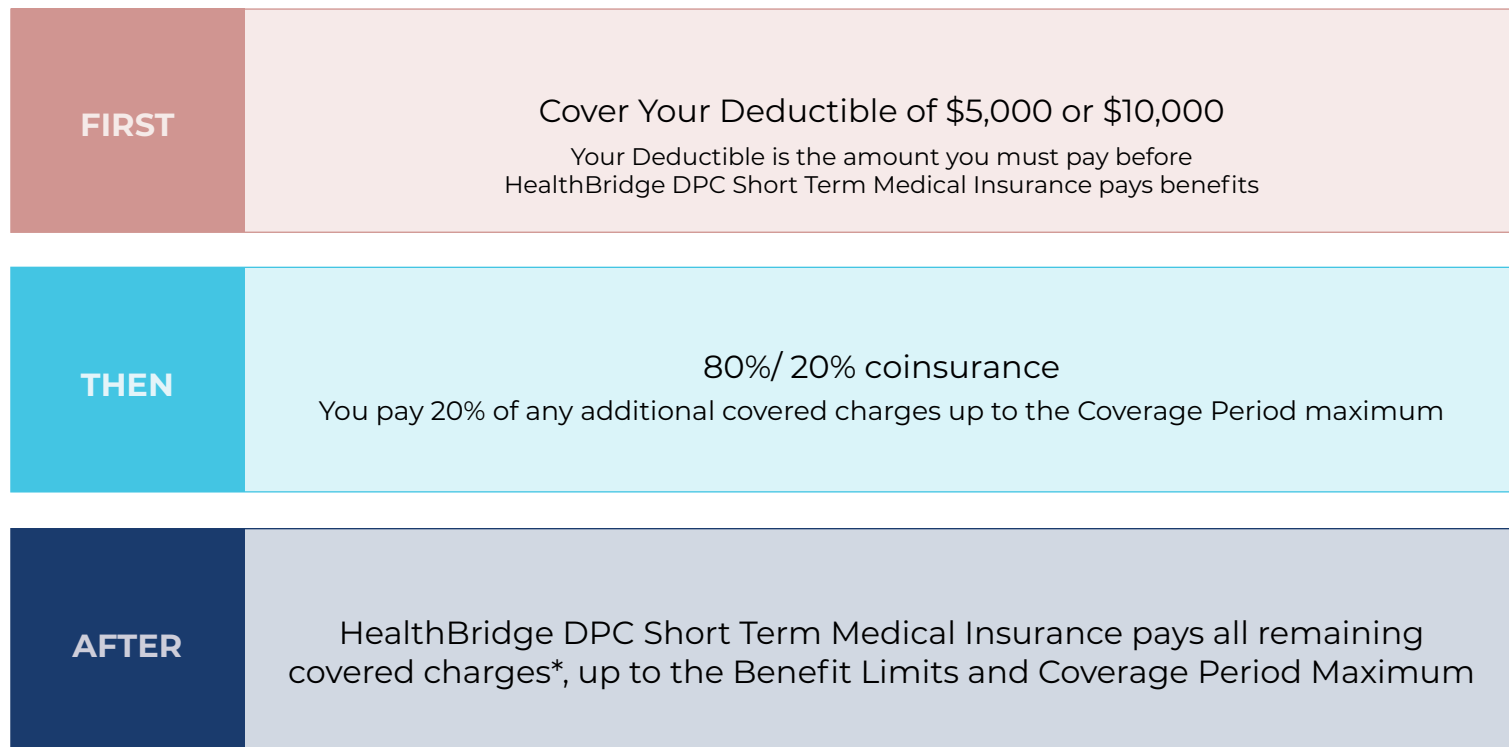


PRESCRIPTION DISCOUNTS

Everest Reinsurance Company, Everest Global, PHCS, MultiPlan, SASid, and InsuranceTPA.com do not offer and are not affiliated with the additional non-insurance Benefit Boost services and discount programs including Healthcare2U (HC2U) DPC.

How does it work?

Example of Inpatient Hospital Visit



**Covered charges could be subject to benefit limits and maximums. Review the Certificate of Insurance and any applicable riders for full details, terms, conditions, Schedule of Benefit, limitations and exclusions. The benefit limits and coverage can vary by state. The above diagram is based on the DPC Plan level of HealthBridge DPC Short Term Medical Insurance underwritten by Everest Reinsurance Company. For an overview of benefits please reference the plan breakdown on the following page (page 9).*

Please make sure to review the Certificate of insurance, applicable Riders, and Schedule of Benefits for full benefit details, definitions, terms, limitations and exclusions. If there are any discrepancies between this brochure and the Certificate and applicable Riders, the Certificate and applicable Riders shall govern. Pre-Existing Limitations apply to some Benefits.

Short Term Medical Insurance Benefits

Benefits are for each covered person per coverage period unless specified otherwise.

Voluntary PPO Network	PHCS Practitioner & Ancillary Network ¹
Coinsurance	80%/20%
Plan Deductible Maximum of 3 Deductibles per Family per Coverage Period	Choice of: \$5,000 or \$10,000
Out-of-Pocket Maximum	\$2,000
Coverage Period Maximum	\$1,000,000 ²

¹In Nebraska, all practitioner, ancillary, and facility charges are reimbursed at 150% of Medicare allowable rates. ²Coverage Period Maximum is \$2M in Indiana.

Advanced Diagnostic Studies	
Advanced Diagnostic Studies Copay	\$500 per occurrence
Inpatient Hospital Services[†]	
Average Standard Room Rate	Average Standard Room Rate [†]
Hospital ICU	Average Standard Room Rate [†]
Doctor Visits	Subject to Deductible and Coinsurance
Inpatient Surgery	Subject to Deductible and Coinsurance [†]
Outpatient Services[†]	
Outpatient Surgery	Subject to Deductible and Coinsurance [†]
Ambulance Benefit	Injury and Sickness: \$1000 per Transport
Home Health Care Benefit	\$100 per visit - maximum 40 visits (\$50 in TX - max of 60 visits)
Physical, Occupational Speech Therapy Benefit	\$100 per day - maximum 10 visits
Mental Disorders	
Inpatient	\$100 per day - maximum 31 days
Outpatient	\$50 per visit - maximum 10 visits
Substance Abuse	
Inpatient	\$100 per day - maximum 31 days
Outpatient	\$50 per visit - maximum 10 visits

[†]Some benefits are subject to Benefit Limits and all benefits listed above are per covered person per coverage period. Average Standard Room Rate and Hospital ICU benefit limit is \$5,000 per day. Inpatient & Outpatient Surgeon benefit limit is \$20,000 per surgery (except in IN) not exceeding \$40,000 per person per Coverage Period. Additional benefit limits can apply and benefit limits can vary by state. Please review the state specific Certificate of Insurance and Schedule of Benefits for all benefit limits, terms, limitations and exclusions. The description above is a general overview of the coverage available in the HealthBridge DPC Short Term Medical Insurance plan underwritten by Everest Reinsurance Company.

DIRECT PRIMARY CARE SERVICES

Healthcare2U's Direct Primary Care (DPC) is a healthcare membership. DPC is not insurance and does not satisfy ACA minimum essential coverage. Individuals ages 2 to 65 are eligible for Healthcare2U's DPC membership

Description of Service	Service Details for Direct Primary Care Plus as part of Benefit Boost 4.0
In-Office Doctor Visits	Unlimited Access to In-Office Doctor Visits - \$10 Access Fee per visit. (No walk-in visits allowed. All visits must be accessed through HC2U's PAL line and only available within business hours (Mon-Fri 7am-6pm CST).)
In-Office Urgent Care Visits	Unlimited Access to In-Office Urgent Care Visits - \$25 Access Fee per visit. (No walk-in visits allowed. All visits must be accessed through HC2U's PAL line and only available within business hours (Mon-Fri 7am-6pm CST).)
Virtual Primary Care Visits	Unlimited Access to Virtual Primary Care Visits - \$0 Access Fee per visit. Virtual Primary Care visits must be accessed through HC2U's PAL line (Telehealth programs are provided through third-party organizations and are not connected to Healthcare2U.)
Annual Physical & Labs	Membership includes an annual physical exam ¹ and four essential labs - \$10 Access Fee. Waiting Period of 6 months from effective date for this service. Four Labs include: Complete Metabolic Panel (CMP), Complete Blood Count (CBC), Thyroid Stimulating Hormone (TSH), and Lipid Panel. ¹ Well-woman pap smear pathology interpretation is not included in the annual physical. Dependent on membership type, the annual physical may only be accessible after six consecutive months of membership.
Unlimited Chronic Care	Manage 13 prevalent chronic conditions with unlimited care - \$10 Access Fee per visit. Includes: Asthma, Anxiety, Arthritis, Blood Pressure, CHF, COPD, Depression, Diabetes, Fibromyalgia, Gerd, Gout, Hypertension, & Thyroid. (Healthcare2U accepts preexisting conditions within manageable ranges. Healthcare2U's membership does not include inpatient or outpatient hospital services or critical illness. Healthcare2U does not provide specialty care outside of our partner-physician clinics. If Member currently sees a specialist for an advanced disease state, we do not recommend leaving that specialist.)

Eligibility & Other Information	Details for Direct Primary Care Plus as part of Benefit Boost 4.0
Available Nationwide	Access care from anywhere in the United States.
Member Eligibility	Members 2-64 are eligible. (Dependents under the age of 2 are not eligible to enroll for Healthcare2U. Dependent children are eligible for membership until the last day of their 25th year. Individuals are eligible for membership until the last day of their 64th year.)
Access Fees	The Healthcare2U member is responsible for the visit fees associated with their care at time of service.
Additional Ineligibility Criteria	Healthcare2U is not available to any member on Medicare, Medicaid or Tricare.

No walk-ins allowed. Unlimited services (including Virtual DPC/telehealth) must be accessed through Healthcare2U's Patient Advocacy Line (PAL)TM and all care is provided through Healthcare2U's Private Physician Network (PPN)TM. In-office appointments are only available within business hours (Monday through Friday, 7 am to 6 pm CST). PAL may direct the member to another level of care if appropriate, depending on the member's condition and utilization of services. Applicable visit fees apply. After hours? Members have the option to speak to a physician virtually. Telehealth programs are provided through third-party organizations and are not connected to Healthcare2U. Well-woman pap smear pathology interpretation is not included in the annual physical. Dependent on membership type, the annual physical may only be accessible after six consecutive months of membership. Healthcare2U's membership does not include inpatient or outpatient hospital services or critical illness. This is not insurance. Everest Reinsurance Company, Everest Global, PHCS, MultiPlan, InsuranceTPA.com, and SASid are not affiliated with this non-insurance HC2U Direct Primary Care Plus program or other non-insurance services in Benefit Boost 4.0 or the membership benefits and services of the Healthy America Association.



SAVINGS AND ADVANTAGES WITH BENEFIT BOOST 4.0



Benefit Boost 4.0 is an innovative membership program designed to transform healthcare access into a seamless and cost-effective experience. By bundling a diverse array of essential health and wellness services into one comprehensive package, it provides a convenient solution for individuals and families seeking to enhance their well-being without breaking the bank. This program addresses the challenges of modern healthcare by focusing on affordability, accessibility, and comprehensive care, making it a standout choice for those looking to streamline their health journey.

➔ STREAMLINED HEALTHCARE ACCESS

One of the key advantages of Benefit Boost 4.0 is its ability to offer comprehensive access to healthcare services. The non-insurance Healthcare2U model introduces a streamlined process where members pay an access fee to receive healthcare services at an in-office doctor or urgent care visit. Members also enjoy no access fee for virtual doctor visits. By eliminating insurance claims and paperwork, patients enjoy direct and immediate access to a network of private physicians.

➔ MEANINGFUL FINANCIAL SAVINGS

Financial savings are at the heart of Benefit Boost 4.0, with programs like the SML Dental Discount and Paramount RX Prescription Discount Drug Program. Members benefit from discounts on **15% to 50%*** per visit in most instances on dental services at participating providers. Members also receive discounts on retail and pet medications. These cost reductions make it easier for families to manage healthcare expenses and prioritize their well-being.

**Actual costs and savings may vary by provider, service and geographic location.*

➔ ADDED SECURITY AND SUPPORT

Beyond healthcare services, Benefit Boost 4.0 includes added benefits such as LifeLock™ Identity Theft Protection and FamilySource®. These features offer members peace of mind, ensuring that their financial and personal information is secure, while also providing expert guidance for family and home-related needs. This approach enhances the overall value of the membership, catering to a wide spectrum of wellness and security concerns.

BB 4.0 Eligibility & Other Information	Details about Benefit Boost 4.0
Available Nationwide	Anywhere in the United States. Dental Discounts are not available in AK, CT, IA, MA, RI, UT, VT, and WA, nor to residents of Vermont.
Non-Insurance Program	This is non-insurance program and does not meet any requirements for minimum essential coverage, Affordable Care Act (ACA) or provide medicare prescription drug coverage. See terms for details in guide, click on the link below: https://healthyamericaassociation.com/sample_bb4_HAA.pdf
Age Requirements	Depending on the benefit or service, the minimum and maximum age limit could vary. HC2U DPC Plus : Ages 2-64

Dental Discount Disclaimer:

This plan is NOT insurance. This is not a qualified health plan under the Affordable Care Act (ACA). Some services may be covered by a qualified health plan under the ACA. This plan does not meet the minimum creditable coverage requirements under M.G.L.c 111M and 956 CMR 5.00. This is not a Medicare prescription drug plan. Discounts on hospital services are not available in Maryland. The plan provides discounts at participating providers for services. The plan does not make payments directly to providers. The plan member is obligated to pay for all services but will receive a discount from participating providers. The range of discounts will vary depending on the type of provider and services. The Discount Plan Organization is Gallagher Affinity Insurance Services, Inc., at 2850 W. Golf Road, Rolling Meadows, IL 60008, 1-866-215-1376. To view a list of participating providers visit www.findbestbenefits.com and enter promo code 725324. **You have the right to cancel this plan within 30 days of the effective date for a full refund on fees paid.** Such refunds are issued within 30 days of request.

While the Benefit Boost 4.0 Subscription Package offers a wide array of services designed to enhance your well-being, it is important to note that this program is not a form of insurance. Instead, it provides a collection of non-insurance benefits that include discounts, resources, and access to various services aimed at improving your lifestyle and supporting your health. These benefits are available to members, offering valuable savings and assistance without the traditional claims and coverage associated with insurance policies. As such, while Benefit Boost 4.0 complements your overall health strategy, it should be considered an additional resource rather than a replacement for conventional insurance coverage. Everest Reinsurance Company, Everest Global, PHCS, MultiPlan, InsuranceTPA.com, and SASid are not affiliated with this non-insurance HC2U Direct Primary Care Plus program or other non-insurance services in Benefit Boost 4.0 or the membership benefits and services of the Healthy America Association.

Limitations & Exclusions - Short Term Medical Insurance

Loss caused by, contributed to or resulting from the following is excluded or otherwise limited as specified:

1. Pre-Existing Conditions:
(GA, IN, MS, NE, SC, TN & TX have a variation of Pre-Existing Conditions Limitation, please consult the GA, IN, MS, NE, SC, TN & TX Certificates of Insurance & Riders)
 - a. Charges resulting directly or indirectly from a condition for which a Covered Person received medical treatment, diagnosis, care or advice, including diagnostic tests or medications, **within the 60-month period immediately preceding such person's Certificate Effective Date are excluded for the first 12 months of coverage hereunder.**
 - b. Pre-Existing Conditions includes conditions that produced any symptoms which would have caused a reasonable prudent person to seek diagnosis, care or treatment within the 60-month period immediately prior to the Covered Person's Certificate Effective Date of coverage under the Policy.

This exclusion does not apply to a newborn child or newborn adopted child who is added to coverage in accordance with the Certificate of Insurance - Eligibility and Effective Date of Insurance.
2. Waiting Period: *(NE has a variation of Waiting Period, please consult the NE Certificate of Insurance & Riders for details)*
 - 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 Certificate 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 Certificate Date of coverage** under the Policy.
3. Charges **during the first 6 months after the Certificate Date of coverage** for a Covered Person for the following:
 - a. Total of 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;
 - g. Herniorrhaphy; or
 - h. Cholecystectomy.

However, if such conditions is a Pre-Existing Condition, any benefit consideration will be in accordance with the Pre-Existing Conditions limitation.
4. The benefits payable for the following conditions or procedures are limited to the specified amounts shown in the Schedule of Benefits:
 - a. Kidney Stones
 - b. Appendectomy
 - c. Joint or tendon Surgery
 - d. Knee Injury or disorder
 - e. Acquired Immune Deficiency Syndrome (AIDS) / Human Immuno-deficiency Virus (HIV)
(Exclusion #4e is not available in AZ, FL, GA, IN, or TN based on the AZ, FL, GA, IN, or TN Certificate of Insurance and Riders)
 - f. Gallbladder Surgery
5. Charges which are not incurred by a Covered person during his/her Coverage Period.
6. Charges which exceed any limits or limitations specified in the Certificate of Insurance, including the Schedule of Benefits.
7. Charges for services or supplies in excess of the Maximum Allowable Expense.
8. Charges for services or supplies which are not administered by or under the supervision of a Doctor.
9. Mental, emotional or nervous disorders or counseling of any type, except as specifically covered as an Eligible Expense.
10. Marital counseling or social counseling.
11. Treatment for Substance Abuse, unless specifically covered under the Policy as an Eligible Expense.
12. Prescription Drugs, except those administered by a Doctor in an Inpatient or Outpatient setting covered under the Policy as an Eligible Expense.
13. Medications, vitamins, and mineral or food supplements including pre-natal vitamins, or any over-the-counter medicines, whether or not ordered by a Doctor.
14. Any drug, treatment or procedure that either promotes or prevents conception including but not limited to: artificial insemination, treatment for infertility or impotency, sterilization or reversal of sterilization.
15. Any drug, treatment or procedure that corrects impotency or non-organic sexual dysfunction.
16. Modifications of the physical body in order to improve the psychological, mental or emotional well-being of the Covered Person, such as sex-change surgery.
17. Cosmetic Treatment, except for reconstructive surgery where expressly covered under the Policy.
18. Weight modification or surgical treatment for obesity.
19. Eye surgery, including LASIK, when the primary purpose is to correct nearsightedness, farsightedness, or astigmatism.
20. Dental Expenses, except as necessary to restore or replace sound and natural teeth lost or damaged as a result of an Injury. The Injury must be severe enough that the contact with the Doctor occurs within seventy-two (72) hours of the Accident, unless extenuating circumstances exist due to the severity of the Injury that prevent you from contacting the Doctor.
21. 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, unless specifically covered under the Policy as an Eligible Expense. *(This Exclusion is not in the TN Certificate of Insurance based on the TN Rider)*
22. Routine pre-natal care, Pregnancy, childbirth, and post-natal care. (This exclusion does not apply to "Complications of Pregnancy" as defined.)
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.
24. Sclerotherapy for veins of the extremities.

Please make sure to review the Certificates of Insurance, applicable Riders, and Schedule of Benefits for full benefit details, definitions, terms, limitations and exclusions. The above Limitations and Exclusions were taken from the EAH 00 524 08 18 Certificate of Insurance and there could be variations of the above for different states. Please refer to the Certificate of Insurance and applicable Riders for your specific state for the exact Limitations and Exclusions specific to your state. **If there are any discrepancies between this brochure and the Certificates and applicable Riders, the Certificates and applicable Riders shall govern. Pre-Existing Condition Limitations apply.**

Limitations & Exclusions - Short Term Medical Insurance (continued)

25. Abortions, except in connection with covered Complications of Pregnancy or if the life of the expectant mother would be at risk.
26. Joint replacement or other treatment of the joints, spine, bones, or connective tissue including tendons, ligaments, and cartilage, unless related to a covered Injury.
27. Surgeries, treatments, services or supplies which are deemed to be Experimental Treatment. *(TX has a variation in of this exclusion, please consult the Certificate & Rider for details.)*
28. Chronic fatigue or pain disorders.
29. Kidney or end stage renal disease. *(This Exclusion is not in the TN Certificate of Insurance based on the TN Rider)*
30. Treatment or diagnosis of allergies, except for emergency treatment of allergic reactions.
31. Treatment for cataracts.
32. Treatment for sleep disorders.
33. Treatment required as a result of complications or consequences of a treatment or condition not covered under the Certificate.
34. Treatment incurred as a result of exposure to non-medical nuclear radiation and/or radioactive materials.
35. 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.
36. Treatment for or related to any Congenital Condition, except as it relates to a newborn child or newborn adopted child added as a Covered Person pursuant to the terms of the Certificate.
37. Treatment, medication, or hormones to stimulate growth, or treatment of learning disorders, disabilities, developmental delays or deficiencies, including therapy.
38. Spinal manipulation or adjustment. *(This Exclusion is not in the TN Certificate of Insurance based on the TN Rider)*
39. Biofeedback, acupuncture, recreational, sleep or MIST Therapy[®], holistic care of any nature, massage and kinesitherapy, excepted as provided for under Home Health Care.
40. Hypnotherapy when used to treat conditions that are not recognized as Mental Disorders by the American Psychiatric Association, and non-medical self-care or self-help programs.
41. Eyeglasses, contact lenses, hearing aids, hearing implants, eye refraction, visual therapy, orthoptics, visual eye training and any examination or fitting related to these devices, and all vision and hearing tests and examinations. *(In AR, hearing aids unless specifically covered under the Policy as Eligible Expense) (TX has a variation in of this exclusion, please consult the Certificate & Rider for details.)*
42. Care, treatment or supplies for the feet, orthopedic shoes, orthopedic prescription devices to be attached to or placed in shoes, treatment of weak, strained, flat, unstable or unbalanced feet, metatarsalgia or bunions and treatment of corns, calluses or toenails.
43. Care and treatment for hair loss including wigs, hair transplants or any drug that promises hair growth, whether or not prescribed by a Doctor.
44. Exercise programs, whether or not prescribed or recommended by a Doctor.
45. Telephone or Internet consultations and/or treatment or failure to keep a scheduled appointment. *(TX has a variation in of this exclusion in the Certificate of Insurance.)*
46. Charges for travel or accommodations, except as expressly provided for local ambulance.
47. All charges incurred while confined primarily to receive Custodial or Convalescent Care.
48. Services received or supplies purchased outside of the United States, its territories or possessions, or Canada, unless specifically covered under the Policy as an Eligible Expense. *(IN & TX have a variation in of this exclusion, please consult the Certificates & Riders for details.)*
49. Any services or supplies in connection with cigarette smoking cessation.
50. Any services performed or supplies provided by a member of a Covered Person's Immediate Family.
51. Services received for any condition caused by a Covered Person's commission of or attempt to commit an assault, battery, or felony, whether charged or not, or to which a contributing cause was the Covered Person being engaged in an illegal activity. *(NE has a variation of this exclusion, please consult the Certificate & Rider for details)*
52. Services or supplies which are not included as Eligible Expenses as described herein, to include charges for a Doctor's office visit, consultation, or urgent care center visit. *(IN has a variation in of this exclusion, please consult the Certificate & Riders for details.)*
53. Participating in hazardous occupations or other activity including participating, instructing, demonstrating, guiding or accompanying others in the following: operation of a flight in an aircraft other than a regularly scheduled flight by a commercial airline, professional or semi-professional sports, parachute jumping, hot-air ballooning, hang-gliding, base jumping, mountain climbing, bungee jumping, scuba diving, sail gliding, parasailing, parakiting, rock or mountain climbing, cave exploration, parkour, racing including stunt show or speed test of any motorized or non-motorized vehicle, rodeo activities, or similar hazardous activities. Also excluded is Injury received while practicing, exercising, undergoing conditional or physical preparation for such activity. *(NE has a variation of this exclusion, please consult the Certificate & Rider for details)*
54. Injuries or Sicknesses resulting from participation in interscholastic, intercollegiate or organized competitive sports. This does not include dependent children participating in local community sports activities.
55. Injury resulting from being under the influence of or due wholly or partly to the effects of alcohol or drugs, other than drugs taken in accordance with treatment prescribed by a Doctor.
56. Intentionally self-inflicted Injury or Sickness (whether the Covered Person is sane or insane).
57. Charges resulting from a declared or undeclared war, or from voluntary participation in a riot or insurrection.
58. Charges 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 the Covered Person on a pro-rated basis.
59. Costs for Routine Physical Exams or other services not needed for medical treatment, unless specifically covered under the Policy as an Eligible Expense.
60. Charges You or Your Covered Dependent are not required to pay, or which would not have been billed if no insurance existed.
61. Charges to the extent that they are paid or payable under other valid or collectible group insurance or medical prepayment plan. *(This Exclusion is not in the TN Certificate of Insurance based on the TN Rider)*
62. Charges that are eligible for payment by Medicare or any other government program except Medicaid. Costs for care in government institutions unless You or Your Covered Dependent are obligated to pay for such care. *(TX has a variation in of this exclusion, please consult the Certificate & Rider for details.)*
63. Charges 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 and federal law, whether or not application for such benefits have been made.
64. Medical expenses which are payable under any automobile insurance policy without regard to fault (does not apply in any state where prohibited).

Please make sure to review the Certificates of Insurance, applicable Riders, and Schedule of Benefits for full benefit details, definitions, terms, limitations and exclusions. The above Limitations and Exclusions were taken from the EAH 00 524 08 18 Certificate of Insurance and there could be variations of the above for different states. Please refer to the Certificate of Insurance and applicable Riders for your specific state for the exact Limitations and Exclusions specific to your state. **If there are any discrepancies between this brochure and the Certificates and applicable Riders, the Certificates and applicable Riders shall govern. Pre-Existing Condition Limitations apply.**

FAQS

What is Short Term Medical Insurance?

Short Term Medical Insurance policies are crafted to offer temporary coverage during periods of transition, bridging the gap until you can obtain an Affordable Care Act (ACA) or Group Insurance plan. Unlike ACA plans, Short Term Medical Insurance policies are not bound by ACA requirements and may include exclusions and limitations not allowed in ACA plans. ACA plans are guaranteed issue, meaning they must cover certain “essential health benefits” (EHBs) and cannot deny coverage based on pre-existing conditions.

In contrast, Short Term Medical Insurance requires you to answer a series of medical questions to determine your eligibility, may not cover all EHBs, and does not provide coverage for pre-existing conditions. Due to these exclusions and limitations, Short Term Medical Insurance policies typically have lower premiums than ACA plans, making them a potentially viable option for temporary health insurance needs. However, if you have a history of medical conditions or have ongoing or chronic health issues, it is advisable to seek an ACA or other comprehensive insurance plan as soon as you are eligible to enroll.

Why would I want coverage for a short period of time?

Short Term Medical Insurance might be a suitable choice if you find yourself between jobs, missed Open Enrollment, don't qualify for Special Enrollment, are awaiting the start of a new job or an ACA plan, are a recent college graduate, or a seasonal worker who requires coverage for a limited time. Short Term Medical Insurance can provide the necessary insurance protection to help you transition smoothly to the next phase of your life.

Who should not buy Short Term Medical Insurance coverage?

Consumers experiencing ongoing medical conditions should prioritize securing ACA Major Medical plans. Additionally, individuals who require permanent coverage or comprehensive major medical benefits should consider ACA Major Medical plans as their best option.

How soon can Short Term Medical Insurance begin?

HealthBridge Short Term Medical Insurance coverage can commence on either the 1st or the 15th of the month, provided you meet the eligibility criteria and the initial payment has been received. During the enrollment process, you will have the opportunity to choose your preferred effective date.

Can I access my Short Term Medical Insurance benefits right away?

Your HealthBridge Short Term Medical Insurance* certificate provides coverage for accidental injuries that occur on or after the effective date of your certificate. Additionally, benefits for illnesses are available if the sickness manifests more than five days after your effective date. For cancer, coverage is accessible if it is diagnosed more than 30 days following the effective date of your certificate.**

Is a Short-Term Medical Insurance plan considered “creditable coverage” under the Affordable Care Act?

No, Short Term Medical Insurance coverage is not compliant with the Affordable Care Act (ACA). These policies do not fulfill all the benefits mandated by the ACA. Short Term Medical plans are intended for limited durations and do not cover pre-existing conditions or provide complete preventative care. They are specifically designed to address unforeseen illnesses and injuries, as outlined in a defined and limited Schedule of Benefits.

Can I renew my Short Term Medical Insurance when my certificate ends?

Your HealthBridge Short Term Medical Insurance certificate is valid for a designated duration, up to 364 days**, and cannot be renewed. If you wish to continue coverage after your current HealthBridge Short Term Medical Insurance expires, you will need to apply for a new Short Term Medical Insurance plan. This new plan will not serve as a continuation of your existing coverage. Consequently, your deductibles, waiting periods, maximum benefit limits, and maximum out-of-pocket responsibilities will restart under the new Short Term Medical Insurance certificate or policy. Additionally, any illness or condition that arises while under your current policy will be regarded as a pre-existing condition when you apply for the new plan.

How do I Access My Doctor & Urgent Care Visits with Healthcare2U Direct Primary Care[^]?

Scheduling a doctor or urgent care appointment is simple! Follow these quick steps: 1) Call PAL Team at the number located in the Mobile App, in your Benefit Boost 4.0 Membership Guide or on the Member Portal. 2) Choose Care Type: in office doctor visit, in-office urgent care visit, or virtual doctor visit. 3) PAL will schedule the appointment. 4) Visit Provider & Pay Access Healthcare2U DPC Access Fee based on care type. No claim forms need to be filed for the Healthcare2U Direct Primary Care service.

Do I have to go to hospitals or facilities in a network?

Your HealthBridge Short Term Medical Insurance provides the freedom to choose any healthcare provider without being confined to a specific network. When you receive care from a hospital or facility, the coverage for eligible expenses under your HealthBridge Short Term Medical Insurance certificate is capped at 150% of the typical Medicare rates[‡]. This detail is present on your ID card, and it's crucial to inform your hospital or facility provider of this payment structure to prevent any misunderstandings. Although 150% of the Medicare rate is considered a reasonable payment, it may be lower than the rates charged by your hospital or facility. Consequently, the maximum benefit covered by your HealthBridge Short Term Medical Insurance certificate might be less than what your healthcare provider is willing to accept. If your hospital or facility does not agree to the benefit amount, you might be responsible for paying the difference, known as balance billing^{***}, for any amounts not covered by your insurance.

Does this Short Term Medical Insurance plan cover prescription drugs?

Prescription drug coverage is not a benefit under your HealthBridge Short Term Medical Insurance plan, unless the drugs are administered during a covered inpatient hospital stay.

Are Maternity and newborn care covered?

Complications of maternity are covered, but not standard childbirth services.**

Does Short Term Medical Insurance cover dental and vision benefits?

No, Short Term Medical Insurance is specifically crafted to safeguard you against unforeseen illnesses or injuries and does not include dental and vision care coverage. Since Short Term Medical Insurance is intended for temporary use, it lacks some of the benefits that may be available through Affordable Care Act (ACA) plans. If you choose to obtain dental, vision, or any other insurance or non-insurance coverage from a different provider, please note that these products are not connected to your HealthBridge Short Term Medical Insurance.

Can I cancel at any time?

Members have the flexibility to cancel their membership at any time. Should a member decide to cancel within the first 10 days of their effective date, they are eligible for a full refund, provided no benefits have been used and no claims have been filed. If any benefits have been accessed or claims submitted, refunds will not be available. Beyond the initial 10 days, if members are dissatisfied with the plan, they can request cancellation, and their HealthBridge membership will conclude at the end of the current billing cycle for their most recent monthly payment. No further charges will be incurred.

Who do Members contact if they have questions about their HealthBridge membership plan?

For assistance, members can reach out to Customer Service at **866-438-4274**, where our friendly representatives are ready to help. If you need a detailed explanation of your Short Term Medical Insurance coverage, you can also consult your insurance agent. Should you have trouble recalling your agent's contact information, feel free to call Customer Service at **866-438-4274**, and we will gladly connect you with your agent.

‡ In Nebraska, all practitioner, ancillary, and facility charges are reimbursed at 150% of the Medicare allowable rates. As of February 2021, the PHCS Practitioner and Ancillary Network repricing is no longer applicable in this state. Consequently, covered individuals may encounter additional charges, known as "balance billing," which are further explained below.

* HealthBridge Short Term Medical Insurance is underwritten by Everest Reinsurance Company.

** Terms may vary by state. Consult your Certificate of Insurance and applicable Riders and Amendments for complete terms and limitations.

*** Balance billing is when the provider is allowed to bill you for the difference between the amount billed by the provider and the amount allowed under your Certificate. For example, if a hospital bills you \$2,500 for a hospital visit and \$1,800 is equal to the 150% of Medicare allowable expense maximum under your Certificate, your hospital may hold you responsible for the remaining \$700.

^ The Healthcare2U Direct Primary Care is not insurance. Everest Reinsurance Company, Everest Global, PHCS, MultiPlan, InsuranceTPA.com, and SASid are not affiliated with this non-insurance HC2U Direct Primary Care Plus program or other non-insurance services in Benefit Boost 4.0 or the membership benefits and services of the Healthy America Association.

Importance of Reviewing Your State-Specific Certificates of Insurance

When considering Short Term Medical Insurance plans, it is crucial for members to thoroughly review the state-specific Certificates of Insurance. Doing so ensures a comprehensive understanding of the schedule of benefits, definitions, terms, limitations, and exclusions that apply specifically to their state. **Coverage details can vary significantly from one state to another in some cases, certain coverages may not be available at all.** By familiarizing yourself with the Certificates, members can gain clarity on how their group insurance will function, ensuring they are well-informed about the scope and limitations of their coverage. This proactive approach is vital for making informed decisions and maximizing the benefits of their group insurance plan.

HEALTHBRIDGE DPC MEMBERSHIP PLAN - CERTIFICATES & GUIDES		
STATE	LINK TO DOWNLOAD CERTIFICATE OF INSURANCE, HAA GUIDE, & BB 4.0 GUIDE	Plan Duration* Options
ALABAMA	https://healthyamericaassociation.com/certs_healthbridgedpc_AL.pdf	3, 6 or 12 mos
ARKANSAS	https://healthyamericaassociation.com/certs_healthbridgedpc_AR.pdf	3, 6 or 12 mos
ARIZONA	https://healthyamericaassociation.com/certs_healthbridgedpc_AZ.pdf	3, 6 or 12 mos
DELAWARE [‡]	https://healthyamericaassociation.com/certs_healthbridgedpc_DE.pdf	3 mos
FLORIDA	https://healthyamericaassociation.com/certs_healthbridgedpc_FL.pdf	3, 6 or 12 mos
GEORGIA	https://healthyamericaassociation.com/certs_healthbridgedpc_GA.pdf	3, 6 or 12 mos
INDIANA	https://healthyamericaassociation.com/certs_healthbridgedpc_IN.pdf	3, 6 or 12 mos
MICHIGAN [‡]	https://healthyamericaassociation.com/certs_healthbridgedpc_MI.pdf	3 or 6 mos
MISSISSIPPI	https://healthyamericaassociation.com/certs_healthbridgedpc_MS.pdf	3, 6 or 12 mos
NEBRASKA	https://healthyamericaassociation.com/certs_healthbridgedpc_NE.pdf	3, 6 or 12 mos
OHIO [‡]	https://healthyamericaassociation.com/certs_healthbridgedpc_OH.pdf	3, 6 or 12 mos
SOUTH CAROLINA [‡]	https://healthyamericaassociation.com/certs_healthbridgedpc_SC.pdf	3, 6 or 11 mos
TENNESSEE	https://healthyamericaassociation.com/certs_healthbridgedpc_TN.pdf	3, 6 or 12 mos
TEXAS	https://healthyamericaassociation.com/certs_healthbridgedpc_TX.pdf	3, 6 or 12 mos
VIRGINIA [‡]	https://healthyamericaassociation.com/certs_healthbridgedpc_VA.pdf	3 mos
WEST VIRGINIA	https://healthyamericaassociation.com/certs_healthbridgedpc_WV.pdf	3, 6 or 12 mos
WISCONSIN [‡]	https://healthyamericaassociation.com/certs_healthbridgedpc_WI.pdf	3, 6 or 12 mos
HAA Membership Guide	https://healthyamericaassociation.com/sample_haamembership.pdf	
Benefit Boost 4.0 Guide	https://healthyamericaassociation.com/sample_bb4_HAA.pdf	

*Plan duration options are the number of months you are selecting to have the plan in effect. 12 months plan duration is 364 days. Most states unless indicated otherwise below allow reapplying for coverage up to 36 months.

[‡]DE does not allow reapplies without break. OH does not allow reapplying for coverage. SC has a maximum of 11 months per term period and can reapply up to 33 months. WI must have a 63-day break after 18 months of coverage. MI cannot exceed 185 days in any 365 day period. There must be a break in coverage of 180 days after insured has had 185 days of coverage. VA does not apply for reapplying and member cannot exceed 6 months with any carrier and enrollment is not allowed during Open Enrollment AEP.

Claim Administrator for Short Term Medical Insurance

Below is the Claim's Administrator for the Short Term Medical Insurance. Please use the **claim form located in your member portal** at: <https://members.haahub.com>.

Send Notice of Claim, Claim Forms, Proof of Loss and any other documents relating to claims to:

InsuranceTPA.com
P.O. Box 241869
Apple Valley, MN 55124
1-800-279-2290

Send all other (non-Claim) notices or documentation to:

InsuranceTPA.com
Po Box 998
Janesville, WI 53547

This Short Term Medical Insurance does not use a required network of providers. You can see any provider for Covered Eligible Expenses. Maximum Allowable Expense means the maximum charge that will be considered as an Eligible Expense will be the less of billed charges, the Usual and Customary Fee, the negotiated or contracted discount, the maximum benefit under the Policy, or 150% of the Medicare allowable charge. Everest Reinsurance Company has discretionary authority to determine the Maximum Allowable Expense.

Please make sure to review the Certificate of insurance, applicable Riders, and Schedule of Benefits for full benefit details, definitions, terms, limitations and exclusions. **If there are any discrepancies between this brochure and the Certificate and applicable Riders, the Certificate and Riders shall govern. Pre-Existing Limitations apply to some Benefits.**

THE SHORT TERM MEDICAL INSURANCE INCLUDED IN THE MEMBERSHIP PLAN PROVIDES LIMITED BENEFITS PLEASE READ THE FOLLOWING NOTICE ABOUT THIS POLICY:

IMPORTANT: This is a Short Term Medical Insurance Policy, NOT ACA health insurance.

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 your Certificate of Insurance 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 abuse disorder services). Your Certificate might also have 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. Also, this coverage is not “minimum essential coverage.”

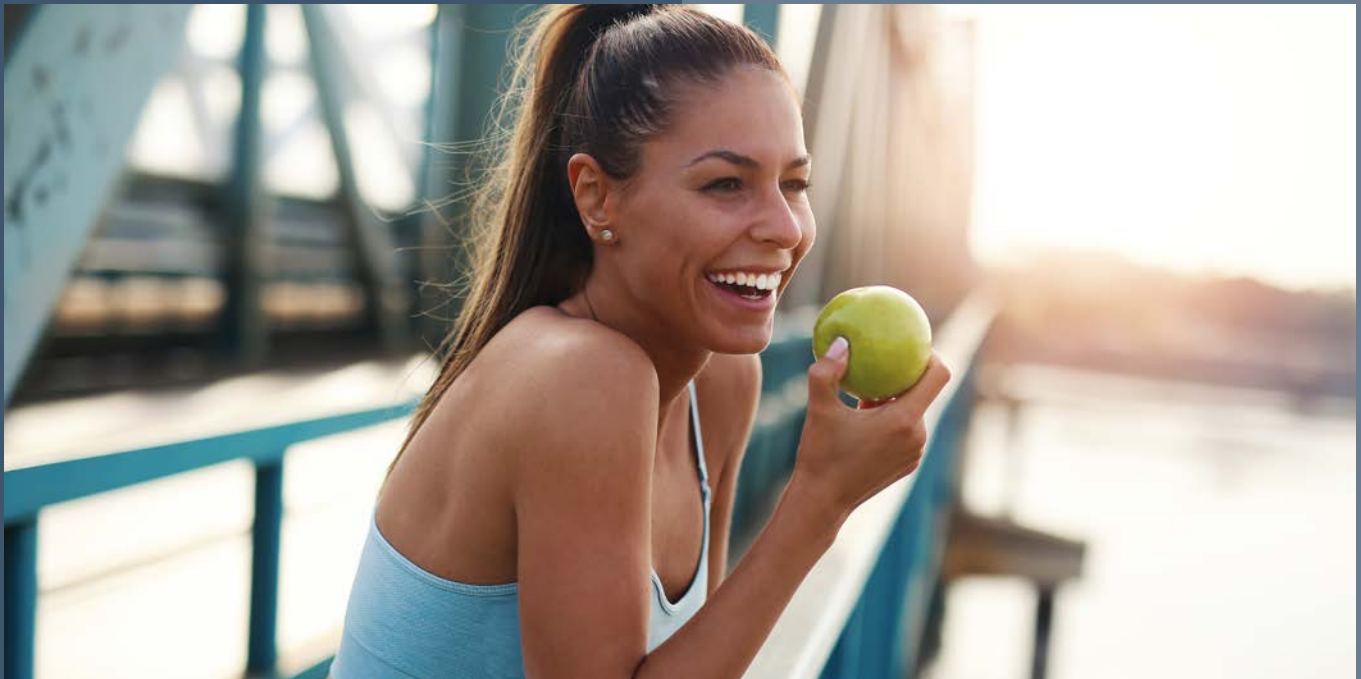
LIMITED BENEFITS: Please read the Certificate of Insurance carefully for full details, terms, limitations and exclusions.

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 Effective Date.

See Certificate Limitations and Exclusions and Riders for details and additional required notices.

Per the OH Certificate of Insurance and Rider, If a Covered Person is covered by more than one health care plan, he or she may not be able to collect benefits from both plans. Each plan may require the Covered Person to follow its rules or use specific Doctor and Hospitals, and it may be impossible to comply with both plans at the same time. All of the rules should be read carefully, including the Coordination of Benefits section, for comparison on them with the rules of any other plan that covers the Covered Person.



ROLE OF HEALTHYAMERICA & H A PARTNERS WITH HAA

Healthy America Insurance Agency, Inc.
H A Partners, Inc.

Healthy America Insurance Agency, Inc., located in Fort Worth, TX (NPN# 797686, CA Agency License #0G32190), is a reputable Field Marketing Organization (FMO) that works with top-tier insurance carriers to provide a broad range of insurance products and services.

As the **exclusive national marketer for the Healthy America Association (HAA)**, Healthy America Insurance Agency, Inc. partners with H A Partners, Inc. to manage billing, fulfillment, and customer service for HAA members. They also oversee the HAA's website and social media management.

H A Partners, Inc., our sister company, bolsters our service capacity as a Third-Party Administrator (TPA). They offer essential administrative services like billing, customer service, and fulfillment for both group and individual supplemental and short-term medical insurance.

Together, Healthy America Insurance Agency, Inc. and H A Partners, Inc. are committed to delivering outstanding customer service and comprehensive insurance solutions to ensure members have the coverage they need for peace of mind and security.

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

Customer Service: 866-438-4274

Websites: <https://healthyamericaassociation.com> and
<https://healthyamericainsurance.com>

Email: info@healthyamericaassociation.com



DISCLOSURES FOR HEALTHY AMERICA ASSOCIATION (HAA) OPTIONAL MEMBERSHIP PLANS

The following disclosures are crucial for individuals considering membership in the Healthy America Association (HAA) and provide clarity regarding the nature of benefits and services available through association membership.

INSURANCE AND COVERAGE

Non-Qualifying Health Insurance: If any insurance is included in a HAA plan, it should be noted that this is not considered basic health insurance or major medical coverage. It does not qualify as minimum essential coverage under the Affordable Care Act as per M.G.L. c. 111M and 956 CMR 5.00. These short term medical insurance benefits are not and do not qualify as Medicare prescription drug plans.

Membership Requirement: Enrollment in association group insurance programs is contingent upon being a member of the Healthy America Association. Without membership, access to these programs is not available.

Group Insurance Policies: Various insurance companies have issued group insurance policies to the HAA as the group master policyholder.

MEMBERSHIP DETAILS

Review of Membership Guide: Members are urged to review the membership guide thoroughly to understand the full scope of benefits and services, including terms, conditions, details, definitions, age limits, state availability, and limitations.

Supplemental and Additional Services: Membership in HAA allows access to additional membership programs, such as Short Term Medical Insurance, Group Supplemental Insurance and non-insurance Benefit Boost, an a la carte non-insurance health and wellness service. However, purchasing or enrolling in these additional membership plans is not required for HAA membership.

DISCLOSURE FOR EVEREST REINSURANCE COMPANY

Everest Reinsurance Company, Everest Global, PHCS, MultiPlan, SASid, and InsuranceTPA.com, do not offer and are not affiliated with the additional non-insurance Benefit Boost services and discount programs offered in connection with membership in the Healthy America Association (HAA).

Read the Certificate(s) of Insurance and applicable Riders carefully (you can select the link for a sample state specific certificate on page 16). This brochure is a brief description of various group association insurance membership products and is not an insurance contract, nor part of the Certificate of Insurance and is subject to the terms, conditions, limitations, and exclusions of the Group Policy and Certificate(s) of Insurance. Coverage may vary or may not be available in all states. You'll find complete coverage details in the Certificate(s) of Insurance and applicable Riders. **Group Short Term Medical Insurance is underwritten by Everest Reinsurance Company, Wilmington, DE.** 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 your Certificate 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 abuse disorder services). Your Certificate might also have 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. Also, this coverage is not "minimum essential coverage". **If there are any discrepancies between the description in this brochure and the Certificate(s) and any applicable Riders, the Certificate(s) and applicable Riders will govern.**

Healthy America Association, Everest Reinsurance Company, Everest Global, SASid, InsuranceTPA.com, PHCS, MultiPlan, Healthcare2U (HC2U), FamilySource®, LifeLock™, Paramount RX®, Aetna Dental Access®, and HealthyAmerica are separate legal entities and have sole financial responsibility for their own products.

PRICING AND SUBSCRIPTION DETAILS

Any quoted prices or information regarding the HAA HealthBridge DPC membership dues are non-binding and may change with a thirty (30) day notice, or the days notice required by your state. Notifications can be sent via mail to your most recent mailing address or through email to your last registered email address. **It is your responsibility to monitor the transactions on your account each month and to cancel with the Third Party billing Administrator (TPA) when you wish.** Each month, we cover the cost of the membership services on your behalf, regardless of whether you utilize them. For details on refunds, please refer to our Refund Policy. The billing TPA for Healthy America Association (HAA) holds SOC 1, SOC 2, and PCI-DSS certifications. Please note that on your bank or credit card statements, the billing descriptor will appear as UBAGAP8664384274, where the number 8664384274 corresponds to our phone number.

REFUND AND CANCELLATION POLICY

We offer a refund policy on all HAA Membership programs. If you are not satisfied, you may cancel, and a refund will be issued if the cancellation occurs within the first ten (10) day right to examine period and as long as a claim has not been made. Once refunded during the ten (10) day right to examine period, it will be as if the Certificate had never been issued. We want you to be 100% satisfied with your HAA HealthBridge DPC membership benefits and services.

To Cancel:

Contact the Billing TPA:

HealthyAmerica / H A Partners, Inc.
409 W Vickery Blvd, Ft Worth TX 76104
1-866-438-4274

Cancellation Methods:

Email: info@healthyamericaassociation.com
Phone: 1-866-438-4274 (M-Thurs 8 am-5 pm or Fri 8 am-1:30 pm CST)
Online Form: <https://healthyamericaassociation.com/billing.html>
Member Portal: <https://members.haahub.com>
Fax: 1-817-335-1270

Please do not cancel through your agent. Canceling directly with the billing TPA will ensure that your cancellation is processed correctly. Once a cancellation request is made, our team will send a confirmation cancellation notice by email. While we believe that you will be pleased with your overall membership product, we cannot warrant or guarantee the performance of any service. Services and product costs are subject to change. For billing, customer service, fulfillment, or membership questions, contact 866-438-4274.

AVAILABLE TO HAA MEMBERS

Members age 18-65*

Eligible Spouse up to age 65*

Eligible Dependents up to age 26*

**Coverage ends for primary member and covered spouse when they turn 65 and ends for covered dependents when they turn 26 but could vary by state.*

HOW TO ENROLL

Get Quote & Start Simple Enrollment Form:

<https://enroll.haahub.com>

Questions on Program:

Call **866-454-4458**

Enroll with Agent Assistance:

Call **866-454-4458**

Already Enrolled?

Visit the Member Portal

<https://members.haahub.com> for:

- Certificates of Insurance
- Digital ID Cards
- Claim Forms
- Member Guides
- HC2U PAL & Mobile App Instructions
- Copies of Enrollment Forms
- Vitamin Order Forms

Healthy America Association

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