

# LifeShield



ASSOCIATION  
MEMBERSHIP



UNDERWRITTEN  
BY



BILLING &  
CUSTOMER SERVICE



# LifeShield

LifeShield Advantage and LifeShield Flex Plans are available directly to policyholders or to members of the Med-Sense Guaranteed Association (depending on state). LifeShield Advantage STM and LifeShield Flex short-term health plans provide affordable, temporary health insurance tailored to fit any lifestyle and budget.

## Health Plan Features

<b>Deductible Options</b>	\$1,000, \$2,500, \$5,000
<b>Coinsurance Options</b>	80/20, or 100/0
<b>Coverage Period Maximum</b>	\$750,000, \$1,000,000
<b>Length of Coverage</b>	Choose between 6, 12, or 36 months. Varies by state.
<b>Network</b>	PHCS Network
<b>Coverage Effective Date</b>	Next day coverage; later effective date available, but not to exceed 60 days from date of transmission
<b>Eligibility</b>	18 - 64 Child only coverage available for ages 2-25
<b>Waiting Period</b>	5 days for sickness and 30 days for cancer

## State Rules for Reapplying for a New Plan at End of Term

<b>Arizona</b>	1 reapply of 180 days or less in any 12-month period
<b>Colorado</b>	Cannot exceed 2 STM policies (any carrier) in a 12-month period
<b>Minnesota</b>	May not have more than 365 days of coverage within 555 days
<b>Nevada</b>	Total days may not exceed 185 days in any given 365 day period
<b>Oregon</b>	Must wait 61 days before you can reapply for a new STM
<b>West Virginia</b>	Reapplies are not allowed
<b>All Others</b>	No restrictions

# LifeShield Plan Benefits

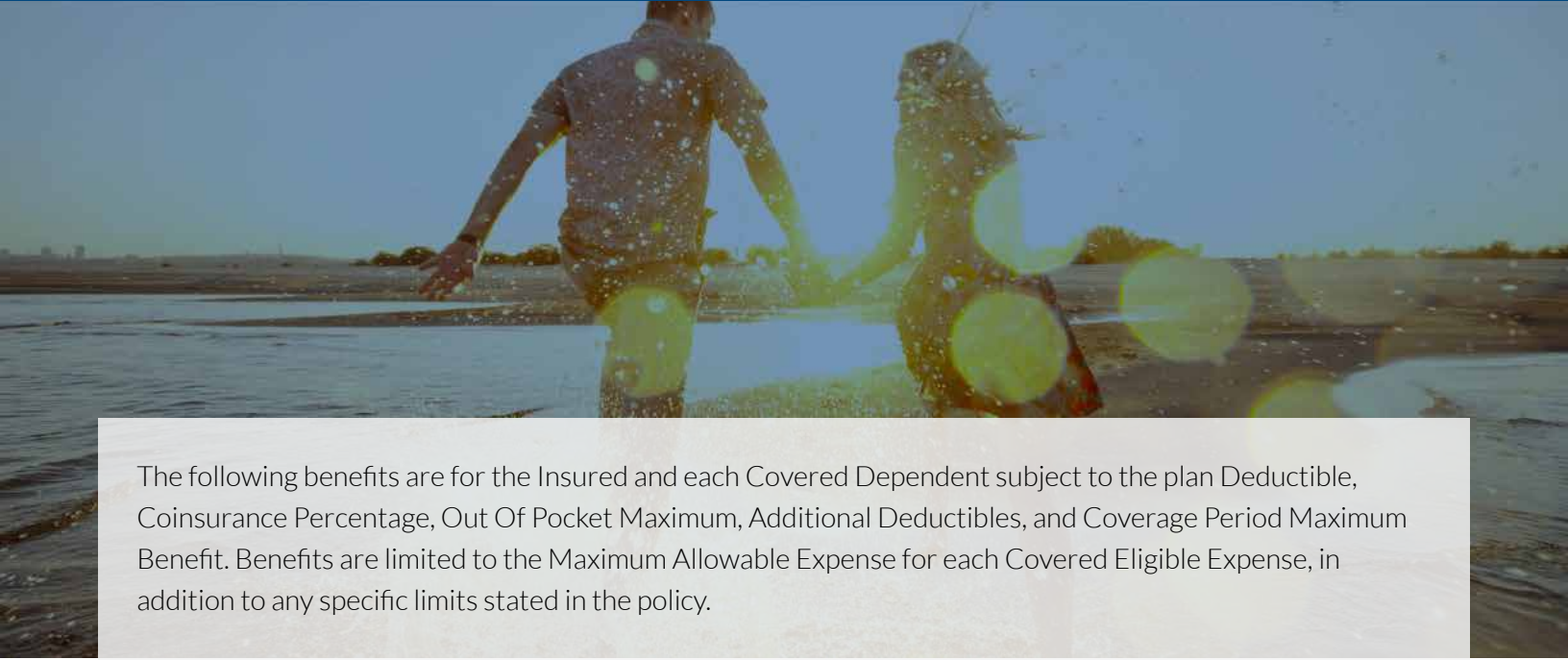
	FLEX	ADVANTAGE
Coinsurance	80/20, or 100/0	80/20, or 100/0
Deductible	\$1,000, \$2,500, \$5,000	\$1,000, \$2,500, \$5,000
Out-Of-Pocket Maximum	\$2,000, \$3,000, \$4,000	\$2,000, \$3,000, \$4,000
Coverage Period Maximum	\$750,000, \$1,000,000	\$750,000, \$1,000,000

Unless specified otherwise, the following benefits are for Insured and each Covered Dependent subject to the plan Deductible, Coinsurance Percentage, Out-Of-Pocket Maximum and Policy Maximum chosen. Benefits are limited to the Maximum Allowable Expense or each Covered Expense, in addition to any specific limits stated in the policy.

Doctor Office Consultation		
Copay	\$30 Copay, maximum 3	\$40, unlimited
Wellness Benefit Copay	\$50 Copay, maximum 1	\$50 copay, maximum 1
Inpatient Hospital Services		
Average Standard Room Rate	\$1,000 per day	Average Standard Room Rate
Hospital ICU	\$1,250 per day	Average Standard Room Rate
Doctor Visits	\$50 per day, maximum \$500	Subject to Coinsurance and Deductible
Outpatient Services		
Surgical Facility	\$1,250 per day	Subject to Coinsurance and Deductible
Outpatient Surgery Deductible	N/A	\$500 Additional deductible applies, maximum 3
Emergency Room - Deductible	N/A	\$500 Additional deductible applies
Emergency Room - Benefit	\$250 per visit	Subject to Coinsurance and Deductible
Advanced Diagnostic Studies Deductible	N/A	\$500 Additional deductible applies, maximum 3
Ambulance	Injury and Sickness: \$250 per transport	Injury and Sickness: \$250 per transport
Extended Care Facility	\$150 per day, maximum 30 days	\$150 per day, maximum 30 days
Home Health Care	\$50 per visit, maximum 30 days	\$50 per visit, maximum 30 days
Physical, Occupational and Speech Therapy	\$50 per day, maximum 20 visits	\$50 per day, maximum 20 visits
Mental Disorders		
Inpatient	\$100 per day, maximum 31 days	\$100 per day, maximum 31 days
Outpatient	\$50 per day, maximum 10 visits	\$50 per day, maximum 10 visits
Substance Abuse		
Inpatient	\$100 per day, maximum 31 days	\$100 per day, maximum 31 days
Outpatient	\$50 per day, maximum 10 visits	\$50 per day, maximum 10 visits

This is a brief description of the plan benefits, which may vary by state.

# LifeShield Covered Medical Expenses



The following benefits are for the Insured and each Covered Dependent subject to the plan Deductible, Coinsurance Percentage, Out Of Pocket Maximum, Additional Deductibles, and Coverage Period Maximum Benefit. Benefits are limited to the Maximum Allowable Expense for each Covered Eligible Expense, in addition to any specific limits stated in the policy.

- Preventive / Wellness Care
- Doctor's office consultation / Urgent Care in excess of a \$30 or \$40 copay; this benefit is not subject to the Plan Deductible or Coinsurance Percentage
- Outpatient and Inpatient Treatment for Mental and Nervous Disorders
- Outpatient and Inpatient Treatment for Substance Abuse
- Organ and Tissue transplants
- Inpatient prescription drugs
- Physical, Occupational, and Speech Therapy \$50 per day and 20 visits combined
- Ambulance Transportation maximum benefit \$250
- Outpatient Hospital or Emergency Room Care
- Inpatient Room & Board, including Intensive Care
- Outpatient Miscellaneous Medical Services, doctors medical care and treatment performed in a hospital
- Home Health Care benefit \$50 per visit for a maximum of 1 visit per day and 30 Home Health Care visits.
- Extended Care Facility up to \$150 per day for a maximum of 30 days
- Outpatient Surgical Facility
- Surgeon services in the hospital or outpatient surgical facility

*Note: This is a brief description of the plan benefits, which may vary by state.*

## ACA NOTICE

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 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). Your policy 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 you don't have minimum essential coverage for any month in 2018, you may have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.



## MultiPlan PHCS

### **PHCS PPO Network Information:**

Persons insured under this plan may choose to be treated within, or out of, the Multiplan PHCS PPO Network. This membership entitles doctors and hospital facilities who have contracted to provide specific medical care at negotiated prices. [www.phcs.com](http://www.phcs.com)

### **About Multiplan PHCS PPO Network:**

PHCS (Private Healthcare Systems) was acquired by Multiplan in October 2006 and the PHCS PPO networks are now part of MultiPlan. Founded in 1980, MultiPlan is the nation's oldest and largest supplier of independent, network-based cost management solutions. MultiPlan has almost 900,000 healthcare providers under contract, an estimated 57 million consumers accessing the network products, and 110 million claims processed through the networks each year, giving them more of the experience and resources healthcare payers and providers need to face today's unprecedented cost and competitive pressures.

In addition to regional PPO networks in Wisconsin and the southwest, MultiPlan is also the only company that can offer access to the leading independent national primary PPO, as well as their complementary network, and negotiation and medical reimbursement services through a single electronic claim submission.

MultiPlan has the know-how and creativity to offer more choices and more value for today's healthcare payers and providers.

Multiplan PHCS is not an insurance benefit, it is a discount benefit and is not affiliated with Med-Sense Guarantee Association, Lifeshield National Insurance Co., or Agilehealthinsurance.

# Advantages of LifeShield STM



## Affordability

Short-term medical health insurance provides coverage that is designed for your needs, peace of mind, and financial well-being for the ever-rising costs of healthcare expenses. You may still be subject to the ACA tax penalty, but in many cases an with a penalty is more cost-effective than an ACA plan.

---

## Financial Strength

LifeShield plans are underwritten by the LifeShield National Insurance Co., which is rated B++ Superior, by the A.M. Best Company. A.M. Best is an independent global rating organization that examines insurance companies and publishes its opinion on their financial strength. With LifeShield, you and your family will find comfort in having financial protection from unforeseen medical expenses.

---

## Freedom to Choose Any Doctor or Hospital

Persons insured under this plan may choose to be treated within, or out of, the Multiplan PHCS PPO Network. This membership entitles doctors and hospital facilities who have contracted to provide specific medical care at negotiated prices.

# Medical Expenses Not Covered

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

1. Pre-Existing Conditions:

- a. Charges resulting directly or indirectly from a condition for which a Covered Person received medical treatment, diagnosis, care or advice 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 **PART II – ELIGIBILITY AND EFFECTIVE DATE OF INSURANCE**.

2. 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 Certificate 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 Certificate Effective Date of coverage under the Policy.

3. Expenses during the first 6 months after the Certificate Effective Date of coverage for a Covered Person for the following:

- a. Total or partial hysterectomy, unless it is Medically Necessary due to diagnosis of carcinoma;
- b. Tonsillectomy
- c. Adenoidctomy;
- d. Repare of deviated nasal septum or any type of surgery involving the sinus;
- e. Myringotomy;
- f. Tympanotomy;
- g. Herniorraphy;
- h. Cholecystectomy.

However, if such condition 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)
- f. Gallbladder Surgery

5. Mental, emotional or nervous disorders or counseling of any type, except as specifically covered as an Eligible Expense.
6. Treatment for Substance Abuse, unless specifically covered under the Policy as an Eligible Expense.
7. Outpatient Prescription Drugs, unless specifically covered under the Policy as an Eligible Expense.
8. Medications, vitamins, and mineral or food supplements including pre-natal vitamins, or any over-the-counter medicines, whether or not ordered by a Doctor.
9. 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.
10. Any drug, treatment or procedure that corrects impotency or non-organic sexual dysfunction.
11. 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.
12. Surgeries, treatments, services or supplies for cosmetic or aesthetic reasons, except for reconstructive surgery where expressly covered under the Policy.
13. Weight modification or surgical treatment of obesity.
14. Eye surgery, such as LASIX, when the primary purpose is to correct nearsightedness, farsightedness or astigmatism.
15. Dental treatment and dental surgery except as necessary to restore or replace sound and natural teeth lost or damaged as a result of a covered Injury.
16. Expenses incurred in the treatment by any method for jaw joint problems including temporomandibular joint dysfunction (TMJ), TMJ pain syndromes, craniomandibular disorders, myofacial 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.
17. Routine pre-natal care, Pregnancy, child birth, and post natal care. (This exclusion does not apply to "Complications of Pregnancy" as defined.)

# Medical Expenses Not Covered (cont.)

18. 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.
19. Sclerotherapy for veins of the extremities.
20. Abortions, except in connection with covered Complications of Pregnancy or if the life of the expectant mother would be at risk.
21. Joint replacement or other treatment of joints, spine, bones or connective tissue including tendons, ligaments and cartilage, unless related to a covered Injury.
22. Surgeries, treatments, services or supplies which are deemed to be Experimental Treatment.
23. Chronic fatigue or pain disorders.
24. Kidney or end stage renal disease.
25. Treatment or diagnosis of allergies, except for emergency treatment of allergic reactions.
26. Treatment for cataracts.
27. Treatment of sleep disorders.
28. Treatment required as a result of complications or consequences of a non-covered treatment or condition.
29. Treatment incurred as a result of exposure to non-medical nuclear radiation and/or radioactive material(s).
30. 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.
31. 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.
32. Treatment, medication or hormones to stimulate growth, or treatment of learning disorders, disabilities, developmental delays or deficiencies, including therapy.
33. Spinal manipulation or adjustment.
34. Biofeedback, acupuncture, recreational, sleep or mist therapy, holistic care of any nature, massage and kinstherapy, excepted as provided for under Home Health Care.
35. 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.
36. 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.
37. 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.
38. Care and treatment for hair loss including wigs, hair transplants or any drug that promises hair growth, whether or not prescribed by a Doctor.
39. Exercise programs, whether or not prescribed or recommended by a Doctor.
40. Telephone or Internet consultations and/or treatment or failure to keep a scheduled appointment.
41. Charges for travel or accommodations, except as expressly provided for local ambulance.
42. All charges incurred while confined primarily to receive Custodial or Convalescent Care.
43. Services received or supplies purchased outside the United States, its territories or possessions, or Canada, unless specifically covered under the Policy as an Eligible Expense.
44. Any services or supplies in connection with cigarette smoking cessation.
45. Any services performed or supplies provided by a member of the Insured's Immediate Family.
46. Services received for any condition caused by a Covered Person's commission of or attempt to commit an assault, battery, or felony or to which a contributing cause was the Covered Person being engaged in an illegal occupation.
47. Services or supplies which are not included as Eligible Expenses as described herein.
48. 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 an airline, professional or semi-professional sports, extreme sports, parachute jumping, hot-air ballooning, hang-gliding, base jumping, mountain climbing, bungee jumping, scuba diving, sail gliding,



# Medical Expenses Not Covered (cont.)

- 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.
49. 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.
  50. 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, but not for the treatment of Substance Abuse.
  51. Willfully self-inflicted Injury or Sickness.
  52. Expenses resulting from a declared or undeclared war, or from voluntary participation in a riot or insurrection. This Exception does not apply to an act of terrorism.
  53. 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 the Covered Person on a pro-rated basis.
  54. Costs for Routine Physical Exams or other services not needed for medical treatment, unless specifically covered under the Policy as an Eligible Expense.
  55. Amounts in excess of the Usual and Customary charges made for covered services or supplies.
  56. Expenses You or Your Covered Dependent are not required to pay, or which would not have been billed, if no insurance existed.
  57. Expenses to the extent that they are paid or payable under other valid or collectible group insurance or medical prepayment plan.
  58. 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.
  59. Expenses for which benefits are paid or payable under workers' compensation or similar laws.
  60. Medical expenses which are payable under any automobile insurance policy without regard to fault (does not apply in any state where prohibited).

## Disclosures and Disclaimers

---

Short term health insurance is not considered "minimum essential coverage" under the Affordable Care Act. It does not cover pre-existing conditions and you may be subject to the Affordable Care Act Shared Responsibility Tax.

This brochure is a summary of benefits, exclusions and other provisions. For a complete listing, please review the Policy/Certificate of Insurance.

DO NOT CANCEL ANY EXISTING INSURANCE UNTIL YOU RECEIVE WRITTEN CONFIRMATION FROM THE INSURANCE COMPANY TO WHICH YOU ARE APPLYING THAT YOUR NEW POLICY IS IN EFFECT.