Being a member of the Med-Sense Guaranteed Association provides great discounts and services for a variety of health, travel, business services and more.

We know how important it is to find the right plan and benefits. Your Standard Life Select STM plan offers a deductible, coinsurance and lifetime maximum amount tailored to your needs.

We’ve got you covered! Your plan offers doctor visit copays, wellness exams and a PPO network accepted at almost 900,000 healthcare providers.

Finding a doctor for the first time? Not a problem! Choosing a doctor in the PHCS Network has never been easier. You can search by location, zip code, doctor’s name or just the type of doctor you are looking for.

Understanding your plan is easy:

1. The deductible you choose is an amount that must be paid by each Covered Person before the Coinsurance benefits are payable. If 3 individuals meet their deductible, it is deemed satisfied for any remaining individuals.
2. The insurance pays the coinsurance percentage up to your chosen stop loss amount of $10,000 or $20,000
3. Once you have met the stop loss amount of $10,000 or $20,000, the plan pays 100% up to $250,000 or $1,000,000 based on the plan selected. (Subject to Reasonable and Customary Charges.)

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.
**What is covered?**

The following benefits are for the Insured and each Covered Dependent subject to the plan Deductible, Coinsurance Percentage, Stop Loss Amount and Maximum Limit per Coverage Period. Benefits are limited to the Reasonable and Customary charge for each Covered Eligible Expense, in addition to any specific limits stated in the policy. Standard Life Select STM plans are not available in all states. State options and benefits may vary.

Benefits are payable under the Policy after a Covered Person incurs charges for Eligible Expenses in excess of any applicable Additional Deductible, and then the Plan Deductible, unless otherwise specified. Benefits will be paid at the Coinsurance Percentage listed in the Schedule of Benefits. All benefits payable are subject to the Coverage Period Maximum Benefit. Your Schedule of Benefits shows Your Plan Deductible, Additional Deductible, Coinsurance Percentage, Stop Loss Amount and Coverage Period Maximum Benefit.

<table>
<thead>
<tr>
<th>Maximum Benefit</th>
<th>Plan 2</th>
<th>Plan 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductible Options</td>
<td>$500, $1,000, $2,500, $5,000, $7,500, or $10,000</td>
<td>$250, $500, $1,000, $2,500, $5,000, $7,500, or $10,000</td>
</tr>
<tr>
<td>In Network Coinsurance Percentage</td>
<td>70/30, 80/20</td>
<td>70/30, 80/20, 100/0</td>
</tr>
<tr>
<td>(Out of Network coinsurance percentage is 20% less)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stop Loss Amount</td>
<td>$10,000 or $20,000</td>
<td>$10,000 or $20,000</td>
</tr>
<tr>
<td>Maximum Limit per Coverage Period</td>
<td>$250,000 or $1,000,000</td>
<td>$1,000,000</td>
</tr>
</tbody>
</table>

**ER Facility & Prof**

| Maximum per day                                      | Unlimited                                                             | Unlimited                                                             |
|------------------------------------------------------|                                                                      |                                                                      |
| Deductible (Sickness without admit)                  | $250                                                                  | 0                                                                    |
| Maximum number of deductibles                         | 3                                                                    | 0                                                                    |

**Doctor Office Consultation**

| Copay                                                | $50                                                                  | $40                                                                  |
|------------------------------------------------------|                                                                      |                                                                      |
| Wellness (maximum amount)                            | $75                                                                  | $75                                                                  |

**Inpatient Services**

<table>
<thead>
<tr>
<th>Hospital Services</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Maximum per day</td>
<td>Unlimited</td>
<td>Unlimited</td>
</tr>
<tr>
<td>Deductible</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Maximum number of deductibles</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Hospital ICU</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Doctor Visits (maximum per stay)</td>
<td>Unlimited</td>
<td>Unlimited</td>
</tr>
</tbody>
</table>

**Outpatient Services**

<table>
<thead>
<tr>
<th>Surgical Facility</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Maximum per day</td>
<td>Unlimited</td>
<td>Unlimited</td>
</tr>
<tr>
<td>Deductible</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Maximum number of deductibles</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Extended Care Facility</td>
<td>$150</td>
<td>$150</td>
</tr>
<tr>
<td>Maximum number of days</td>
<td>30</td>
<td>30</td>
</tr>
<tr>
<td>Home Health (Maximum per day)</td>
<td>$40</td>
<td>$40</td>
</tr>
<tr>
<td>Maximum number of days</td>
<td>30</td>
<td>30</td>
</tr>
<tr>
<td>Ambulance (maximum amount)</td>
<td>$250</td>
<td>$250</td>
</tr>
</tbody>
</table>

**Hospital Services (not surgical or advanced studies)**

<table>
<thead>
<tr>
<th>Maximum per day</th>
<th>Unlimited</th>
<th>Unlimited</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductible</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Maximum number of visits</td>
<td>20</td>
<td>20</td>
</tr>
</tbody>
</table>

**Physical Therapy Professional**

| Maximum per day                                      | $50                                                               | $50                                                             |
|------------------------------------------------------|                                                                  |                                                                  |
| Maximum number of visits                              | 20                                                                | 20                                                             |

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

Does the plan require Pre-Certification?

All Inpatient hospitalizations and procedures done at an Outpatient Surgery Facility must be pre-certified. Standard Life and Accident’s professional review organization must be contacted as soon as possible before the expense is to be incurred. If the Covered Person does not comply with the Pre-certification requirements as stated in the insurance certificate, the Eligible Medical Expenses will be reduced by 50%.

How does Reasonable and Customary affect my benefits?

We may use and subscribe to a standard industry reference source that collects data and makes it available to its member companies in order to determine the amount that should be considered as Reasonable and Customary for services and supplies.

The policy defines Reasonable and Customary charges as:

1. A usual fee is defined as the charge made for a given service by a Doctor to the majority of his or her patients; and
2. A customary fee is one that is charged by the majority of Doctors within a community for the same services; and
3. The negotiated rate in effect with a PPO on the date it provides a covered service.

All benefits are limited to Reasonable and Customary charges.

What if I change my mind after I purchase the STM Coverage?

If you are not 100% satisfied with your coverage, and you have not already used any of your insurance benefits, return the certificate within 10 days of receipt. Coverage will be cancelled as of the effective date and your plan cost will be returned. No questions asked!

What is the Pre-Existing Conditions Limitation?

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. A Pre-Existing condition 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.

*varies by state

Additionally, if you request a Certificate Effective Date that is within 3 days of the date of enrollment, then you will only be entitled to receive benefits for:

- Cancer that begins, by occurrence of symptoms and/or receipt of treatment, at least 30 days following the effective date
- All other Sicknesses that begin, by occurrence of symptoms and/or receipt of treatment, at least 72 hours following the effective date of coverage.
Coverage under this plan is provided on a short term basis and is not renewable. Although the plan may be rewritten for a new separate coverage period (as long as you meet eligibility criteria), the coverage does not continue from one certificate to another. A new enrollment form must be submitted with a new effective date and new pre-existing condition exclusion period. Any medical condition which occurred or existed under the previous certificate will be treated as a pre-existing condition under the new one.

When does the STM coverage terminate?

Coverage under the Policy will cease at 12:01 a.m. for a Covered Person, based on the time zone in the place where the Insured resides, on the earliest of the following:

4. The date premiums are not paid in accordance with the terms of the Policy, subject to the Grace Period;
5. On the next premium due date after the Company receives a written request from the Insured to terminate coverage, or any later date stated in the request;
6. The date an Insured performs an act or practice that constitutes fraud, or is found to have made an intentional misrepresentation of material fact, relating in any way to the Policy, including claims for benefits under the Policy;
7. The date of the Insured’s death or the termination date of the Insured’s coverage, if the Insured’s spouse is not covered under the Policy;
8. The date the Insured obtains other insurance, excluding Medicare;

Who is eligible to apply for this insurance?

Standard Life Select STM is available to members and their spouses who are between 18 and 64 years old and their dependent, unmarried children under 26 years old. They must also be able to answer “No” to all of the questions in the application for insurance. Child-only coverage is available for ages 0-25 (adult rates apply to anyone 18 or older).
Limitations and Exclusions

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 sixty-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 sixty-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 or newly adopted child who is added to coverage in accordance with PART II – ELIGIBILITY AND EFFECTIVE DATE OF INSURANCE.

2. If the applicant requests a Certificate Effective Date that is within 3 days of the date of the Enrollment Form, then Covered Persons will only be entitled to receive benefits for:
   a) Cancer that begins, by occurrence of symptoms and/or receipt of treatment, at least 30 days following the Covered Person's Certificate Effective Date of coverage; and
   b) All other Sicknesses that begin, by occurrence of symptoms and/or receipt of treatment, at least 72 hours following the Covered Person's Effective Date of Coverage.

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 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) Herniorraphy; or
   h) Gallbladder Removal.

4. The benefits for the following conditions or procedures, per Covered Person per Coverage Period, are payable up to the following:
   a) Kidney Stones-$1,500
   b) Appendectomy-$2,500
   c) Joint or Tendon Surgery for Injury only-$2,500
   d) Acquired Immune Deficiency Syndrome (AIDS)/Human Immuno-deficiency Virus (HIV)-$10,000
   e) Gallbladder Removal-$2,500

5. The benefits for Mental Disorders are payable up to the following:
   a) Inpatient treatment-$100 maximum per day, 31 day maximum per Coverage Period.
   b) Outpatient treatment-$50 maximum per visit, 10 visit maximum per Coverage Period.

6. Outpatient Prescription 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.

7. 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.

8. Any drug, treatment or procedure that corrects impotency or sexual dysfunction.

9. 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.

10. Surgeries, treatments, services or supplies for cosmetic or aesthetic reasons, except for reconstructive surgery which is expressly covered under the Policy.

11. Weight modification or surgical treatment of obesity.

12. Eye surgery, such as LASIK, when the primary purpose is to correct nearsightedness, farsightedness or astigmatism.

13. 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.

14. Routine pre-natal care, Pregnancy, child birth, and post-natal care. (This exclusion does not apply to “Complications of Pregnancy” as defined.)

15. Sclerotherapy for veins of the extremities.

16. Abortions, except in connection with covered Complications of Pregnancy or if the life of the expectant mother would be at risk.

17. Joint replacement or other treatment of joints, spine, bones or connective tissue including tendons, ligaments and cartilage, unless related to a covered Injury.

18. Surgeries, treatments, services or supplies which are deemed to be Experimental Treatment.

19. Alcoholism and Substance Abuse.

20. Chronic fatigue or pain disorders.

21. Arthritis (if non-infective), including, but not limited to, osteoarthritis, rheumatoid arthritis and rheumatism.

22. Venereal disease, including all sexually transmitted diseases and conditions.

23. Treatment or diagnosis of allergies, except for emergency treatment of allergic reactions.

24. Treatment for cataracts.

25. Treatment of sleep disorders.

26. Treatment required as a result of complications or consequences of a non-covered treatment or condition.

27. Treatment incurred as a result of exposure to non-medical nuclear radiation and/or radioactive material(s).
28. 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.
29. Treatment for or related to any Congenital Condition, except as it relates to a newborn or adopted child added as a Covered Person.
30. Treatment, medication or hormones to stimulate growth, or treatment of learning disorders, disabilities, developmental delays or deficiencies, including therapy.
31. Spinal manipulation or adjustment.
32. Speech, vocational, occupational, biofeedback, acupuncture, recreational, sleep or music therapy, holistic care of any nature, massage and kinesthesia, excepted as provided for Home Health Care.
33. 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.
34. 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.
35. 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.
36. Care and treatment for hair loss including wigs, hair transplants or any drug that promises hair growth, whether or not prescribed by a Doctor.
37. Exercise programs, whether or not prescribed or recommended by a Doctor.
38. Telephone or Internet consultations and/or treatment or failure to keep a scheduled appointment.
39. Charges for travel or accommodations, except as expressly provided for local ambulance.
40. All charges incurred while confined primarily to receive Custodial or Convalescence Care.
41. Services received or supplies purchased outside the United States, its territories or possessions, or Canada, except as expressly described under the Policy.
42. Any services or supplies in connection with cigarette smoking cessation.
43. Any services performed or supplies provided by a member of the Insured’s Immediate Family.
44. Services received for any condition caused by a Covered Person’s commission of or attempt to commit a felony or to which a contributing cause was the Covered Person being engaged in an illegal occupation.
45. Services or supplies which are not included as Eligible Expenses as described herein.
46. Participating in hazardous occupations or other activity including participating, instructing, demonstrating, guiding or accompanying others in the following: professional or semi-professional sports, extreme sports, organized body contact 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.
47. Injuries or Sicknesses resulting from participation in interscholastic, intercollegiate or organized competitive sports.
48. 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.
49. Willfully self-inflicted Injury or Sickness.
50. 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.
51. 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.
52. Charges that are eligible for payment by Medicare or any other government program except Medicaid.
53. Amounts in excess of the Usual and Customary charges made for covered services or supplies.
54. Expenses to the extent that they are paid or payable under other valid or collectible group insurance or medical prepayment plan.
55. Expenses for which benefits are paid or payable under workers’ compensation or similar laws.
56. Medical expenses which are payable under any automobile insurance policy without regard to fault (does not apply in any state where prohibited).
57. 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.
58. 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.
59. Charges incurred for complications resulting from non-covered services under the Policy.
Definitions

Accident

sudden, unforeseeable event that causes Injury to one or more Covered Persons.

Certificate Effective Date

The date coverage begins for each Covered Person under the Policy. It will be different for a Covered Person added to the Certificate after the original date of issue or when a change in coverage for any Covered Person occurs. Each Covered Person’s Effective Date is shown in the Schedule of Benefits.

Complications of Pregnancy

Either of these two general types of conditions:
Type I Conditions: The pregnancy does not end. The cause of the complication is distinct from the pregnancy. Examples include acute nephritis, nephrosis and cardiac decompensation. There may be other similar conditions as well. CONDITIONS NOT INCLUDED ARE false labor, pre-term or premature labor, occasional spotting, prescribed rest while pregnant, morning sickness, hyperemesis gravidarum and pre-eclampsia. There may be other similar conditions as well; they may relate to a difficult pregnancy but are conditions the Doctor can manage. We will not consider such a condition as a Complication of Pregnancy.

Type II Conditions: The pregnancy ends. Any of the following may occur: delivery by Medically Necessary Cesarean section, ending of ectopic pregnancy or spontaneous ending of pregnancy that takes place when a live birth is not possible.

Congenital Condition

A disease or other anomaly existing at or before birth, whether acquired during development or by heredity.

Coverage Period

The length of time which the Insured selected in the Insured’s Enrollment Form and approved by Us.

Covered Person

You and Your covered Dependents (spouse and/or children), listed as a Covered Person in the Schedule of Benefits and for whom premium has been paid.

Custodial or Convalescence Care

Any care that is provided to a Covered Person who is disabled and needs help to support the essential activities of daily living when the Covered Person is not under active and specific medical, surgical, or psychiatric treatment that will reduce the disability to the extent necessary for the person to perform the essentials of daily living on his own.

Dependent

Your family as follows:
The lawful spouse, if not legally separated or divorced;
Children (whether natural, adopted or stepchildren) under the limiting age of 26; or
Children for whom You are required to provide insurance under a medical support order or an order enforceable by a court.

Doctor

Any duly licensed practitioner who is recognized by the law of the state in which treatment is received as qualified to perform the service for which claim is made.

Eligible Expense

The Reasonable and Customary Charges for Medically Necessary services, supplies, or treatment prescribed or provided by a Doctor for a covered Injury or Sickness while coverage is in force for a Covered Person. The Company reserves the right to interpret and determine coverage for Eligible Expenses. The fact that a Doctor has prescribed, recommended, approved, or provided a treatment, service or supply does not, in itself, make such treatment, service or supply a Medically Necessary covered expense.

Enrollment Form

The form(s) that You (and Your spouse, if any) signed to apply for coverage under the Policy. It also includes any other document approved by the Company that You use to change coverage under the Policy.

Experimental or Investigational Treatment

In Our discretion a treatment, drug, device, procedure, supply or service and related services (or any portion thereof, including the form, administration or dosage) for a particular diagnosis or condition when any one of the following exists:
1. The treatment, drug, device, procedure, supply or service is in any clinical trial or a Phase I, II or III trial.
2. The treatment, drug, device, procedure, supply or service is not yet fully approved or recognized (for other than experimental, investigational, research or clinical trial purposes) by the National Cancer Institute (NCI), Food & Drug Administration (FDA), or other pertinent governmental agency or professional organization.
3. The results are not proven through controlled clinical trials with results published in peer-reviewed English language medical journals, to be of greater safety and efficacy than conventional treatment, in both the short and long term.
4. The treatment, drug, device, procedure, supply or service is not generally accepted medical practice in the state where the Covered Person resides or as generally accepted throughout the United States as determined in Our discretion, by reference to any one or more of the following: peer-reviewed English-language medical literature, consultation with physicians, authoritative medical compendia, the American Medical Association, or other pertinent professional organization or governmental agency.
5. The treatment, drug, device, procedure, supply or service is described as investigational, experimental, a study, or for research or the like in any consent, release or authorization which the Covered Person, or someone acting on his or her behalf, may be required to sign.

The fact that a procedure, service, supply, treatment, drug, or device may be the only hope for survival will not change the fact that it is otherwise experimental in nature.

Extended Care Facility
An institution, other than a Hospital, operated and licensed pursuant to law, that provides: (a) permanent and full-time facilities for the continuous skilled nursing care of three (3) or more sick or injured persons on an Inpatient basis during the convalescent stage of their Sicknesses or Injuries; (b) full-time supervision of a Doctor; (c) twenty-four (24) hour a day nursing service of one or more nurses; and (d) is not, other than incidentally, a rest home or a home for custodial care or for the aged. Extended Care Facility does not include an institution that primarily engages in the care and treatment of drug addiction or alcoholism.

Home Health Care Agency
An entity licensed by state or local law operated primarily to provide skilled nursing care and therapeutic services in an individual’s home and:

a) Which maintains clinical records on each patient;

b) Whose services are under the supervision of a Doctor or a licensed graduate registered nurse (RN);

c) Which maintains operational policies established by a professional group including at least one Doctor and one licensed graduate registered nurse (RN).

Home Health Care Plan
A program for continued care and treatment of an individual established and approved in writing by the individual’s attending Doctor. As part of the Plan, an attending Doctor must certify (and re-certify every 30 days) that proper treatment of the Injury or Sickness would require continued confinement in a Hospital in the absence of the services and supplies.

Hospital
An institution operated by law for the care and treatment of Injuries or Sicknesses; has organized facilities for diagnosis and surgery or has a contract with another Hospital for these services; and has 24-hour nursing service. Hospital excludes any institution that is primarily a rest home, nursing home, convalescent home, a home for the aged, an alcoholism or drug addiction treatment facility or a facility for treatment of Mental Disorders.

“Immediate Family” means the parents, spouse, children, or siblings of a Covered Person, or any person residing with a Covered Person.

“Injury” means Accidental bodily Injury of a Covered Person:

a) Caused by an Accident; and

b) That results in covered loss directly and independently of all other causes.

All Injuries sustained in one Accident, including all related conditions and recurring symptoms of the Injuries, will be considered one Injury.

Inpatient
A Covered Person who incurs medical expenses for at least one day’s room and board from a Hospital.

Insured
The Applicant named in the attached Enrollment Form and to whom the Certificate is issued.

Intensive Care Unit
That part of a Hospital service specifically designed as an intensive care unit permanently equipped and staffed to provide the highest level of care for critically ill or Injured patients, including a Coronary Care Unit and Neonatal Intensive Care Unit. Coverage includes close observation by trained and qualified personnel whose duties are primarily confined to the part of the Hospital for which an additional charge is made.

Medically Necessary
Based on generally accepted current medical practice, a service or supply is necessary and appropriate for the diagnosis or treatment of Injury or Sickness. We do not consider a service or supply as Medically Necessary if:

1. It is provided only as a convenience to the Covered Person or provider;

2. It is not appropriate treatment for the Covered Person’s diagnosis or symptoms;

3. It exceeds (in scope, duration or intensity) that level of care that is needed to provide safe, adequate and appropriate diagnosis or treatment;

4. It is Experimental or Investigational Treatment.

The fact that a Doctor may prescribe, order, recommend or approve a service or supply does not, of itself, make the service or supply Medically Necessary.

Mental Disorder
A “biologically-based” mental disorder, including Schizophrenia, Schizoaffective disorder, Major depressive disorder, Bipolar disorder, Paranoia and other psychotic disorders, Obsessive-compulsive disorder, Panic disorder, Delirium and dementia, Affective disorders, and any other “biologically-based” mental disorders appearing in the most recent edition of the Diagnostic and Statistical Manual of the American Psychiatric Association (the “DSM”).

Outpatient
A Covered Person who incurs medical expenses at Doctor’s offices and freestanding clinics, and at Hospitals when not admitted as an Inpatient.

Outpatient Surgical Facility
A licensed medical facility or a part of a Hospital:

With an organized staff of Doctors;

That is permanently equipped and operated primarily for the purpose of performing surgical procedures;

That does not provide accommodations for overnight stays; and

That provides continuous Doctor services and nursing services whenever a patient is in the facility.

The term “Outpatient Surgical Facility” does not include a:

Hospital emergency room;

Trauma center; or

Doctor’s office or clinic.

Preferred Provider
A Hospital, Outpatient Surgical Facility or Doctor located in the United States that participates in a Preferred Provider Organization (PPO) to which the Company subscribes. Services or supplies that are received from providers that participate in the PPO are considered “In-Network.” Services or supplies that are received from providers that do not participate in the PPO, are considered “Out-of-Network.”

Preferred Provider Organization (or PPO)
A group of Hospitals, other medical care facilities, or Doctors that offer their services at a discount to certain contracted groups. Your coverage under the Policy is being provided as a PPO Plan. In order to receive the maximum benefit, You should choose Hospitals, Outpatient Surgical Facilities and Doctors who are part of the PPO. Confinement, surgery or services provided as emergency care will be considered In-Network even if they are provided by Out-of-Network providers.

Prescription Drug
Any medication or medicinal substance which has been approved by the U.S. Food and Drug Administration for general use and which can, under federal or state law, be dispensed only pursuant to a Prescription Order (a legend drug). Insulin and the syringes necessary for its injection are considered Prescription Drugs.

Regular and Customary Activities
A Covered Person can carry on a substantial part of the standard and commonly practiced activities of a person in good health of the same sex and age. Activities performed while confined in a Hospital or other medical institution may not be used to meet this requirement.

Reasonable and Customary Charges (or “Charges”) The following: (1) a usual fee is defined as the charge made for a given service by a Doctor to the majority of his or her patients; and (2) a customary fee is one that is charged by the majority of Doctors within a specified geographic area for the same services. All benefits are limited to the Reasonable and Customary Charge. (3) the negotiated rate in effect with a PPO on the date it provides a covered service.

Routine Physical Exam
Examination of the physical body by a Doctor for preventive or informative purposes only, and not for the diagnosis or treatment of any condition.

“Sickness” means a Covered Person’s illness, disease or condition that:
1. Is treated by a Doctor while the person is covered under the Policy; and
2. Results directly and independently of all other causes in loss covered by the Policy.

Substance Abuse
The overindulgence in and dependence on a psychoactive leading to effects that are detrimental to the individual’s physical health or mental health, or the welfare of others.

Surgery or Surgical Procedure
An invasive diagnostic procedure; or the treatment of Injury or Sickness by manual or instrumental operations performed by a Doctor while the patient is under general or local anesthesia.

You (or “Your” or “Yours”)
The Insured.

How to file a claim
Claims Status & Verification
1-888-350-1488

All Medical Claims Mail to:
Claimedix, Inc
P.O. Box 140067
Kansas City, MO 64114
Emdeon EDI Payor ID: 74048

All Other Claims Information:
Standard Life and Accident Insurance Company
P.O. Box 10546
Springfield, MO 65808-0546

This is a Short-Term Medical plan that is not intended to qualify as the minimum essential coverage required by the Affordable Care Act (ACA). Unless you purchase a plan that provides minimum essential coverage in accordance with the ACA, you may be subject to a federal tax penalty. Also, the termination or loss of this policy does not entitle you to a special enrollment period to purchase a health benefit plan that qualifies as minimum essential coverage outside of an open enrollment period.

This is a brief summary of Standard Life Select Short-Term Medical Insurance underwritten by Standard Life and Accident Insurance Company. Provided by Policy Form Series SL-CMS14STMED. Not available in all jurisdictions. Pre-existing conditions are not covered for the first 12 months and benefits are subject to the policy limitations and exclusions. Refer to the policy, certificate and riders for complete details.