

**Short Term Medical
Plan Options
Effective October 1, 2009**



	STM 80+500	STM 80+1000	STM 70+2000	STM 70+2500
Maximum Lifetime Benefit	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000
Deductibles (per policy period)				
Participating Individual / Family	\$500/\$1,500	\$1,000/\$3,000	\$2,000/\$6,000	\$2,500/\$7,500
Nonparticipating Individual / Family	\$1,000/\$3,000	\$1,500/\$4,500	\$2,500/\$7,500	\$3,000/\$9,000
Out-of-pocket Limit (per policy period)				
Participating Individual / Family	\$1,500/\$4,500	\$2,000/\$6,000	\$3,000/\$9,000	\$3,000/\$9,000
Nonparticipating Individual / Family	\$3,000/\$9,000	\$4,000/\$12,000	\$6,000/\$18,000	\$6,000/\$18,000
Coinsurance Participating / Nonparticipating	80%/50%	80%/50%	70%/50%	70%/50%
Preventive Care Services	Participating Provider Reimbursement	Participating Provider Reimbursement	Participating Provider Reimbursement	Participating Provider Reimbursement
Routine Gynecological Exams	80%	80%	70%	70%
Colorectal Cancer Screening	80%	80%	70%	70%
Prostate Cancer Screening	80%	80%	70%	70%
Professional Services				
Office and Home Visits	80%	80%	70%	70%
Urgent Care Center Visits	80%	80%	70%	70%
Surgery	80%	80%	70%	70%
Hospital Services				
Inpatient Room and Board	80%	80%	70%	70%
Inpatient Rehabilitative Care	80%	80%	70%	70%
Skilled Nursing Facility Care	80%	80%	70%	70%
Outpatient Services				
Outpatient Surgery	80%	80%	70%	70%
Diagnostic and Therapeutic Radiology/Lab	80%	80%	70%	70%
CT/MRI/PET Scans, CATH Labs	80%	80%	70%	70%
Emergency Room Visits	80%	80%	70%	70%
Other Covered Services				
Outpatient Therapy	80%	80%	70%	70%
Ambulance, Ground or Air	80%	80%	70%	70%
Durable Medical Equipment	80%	80%	70%	70%
Home Health Care	80%	80%	70%	70%
Generic and Preferred Brand Prescription Drugs (<i>Not subject to deductible</i>)	\$15 or 50%, whichever is greater	\$15 or 50%, whichever is greater	\$15 or 50%, whichever is greater	\$15 or 50%, whichever is greater

This is only a brief summary of benefits. Please refer to the additional information provided for a further explanation of benefits including limitations and exclusions.



Short Term Medical Policy Limitations and Exclusions

BENEFIT LIMITATIONS

- Covered expenses for emergency **ambulance service** and/or transport to the nearest facility capable of treating the medical condition are limited to \$1,500 per policy term. Air ambulance is covered only when ground ambulance is medically or physically inappropriate.
- **Biofeedback** to treat migraine headaches and urinary incontinence is limited to a lifetime maximum benefit of ten sessions.
- **Breast exams** are covered annually for women 18 years of age or older, or at any time when recommended by a women's healthcare provider for the purposes of checking for lumps and other changes for early detection and prevention of breast cancer.
- **Cardiac rehabilitation** Phase II services are limited to a lifetime maximum benefit of 36 sessions if preauthorized by PacificSource. Phase III services are not a covered expense under the policy.
- **Diabetic self-management education** is covered when diagnosed and limited to no more than three hours of education per year of assessment and training upon a material change of condition, medication, or treatment.
- **Dietary or nutritional counseling** is covered when provided by a registered dietitian only in the following circumstance: as part of the policy's diabetic education benefit; when medically necessary for management of inborn errors of metabolism (not including

obesity); and when medically necessary for the management of anorexia nervosa or bulimia nervosa up to a lifetime maximum benefit of five visits.

- Covered expenses for **durable medical equipment** are limited to a maximum of \$2,500 per policy term. Exceptions to this limitation are prosthetic and orthotic devices, oxygen and oxygen supplies, diabetic supplies, and medical foods for the treatment of inborn errors of metabolism. Expenses exceeding \$800 must be preauthorized by PacificSource. Benefits for the purchase, rental, or lease of a power-assisted wheelchair (including batteries and other accessories) is a lifetime maximum benefit subject to the \$2,500 durable medical equipment maximum benefit and is payable only in lieu of benefits for a manual wheelchair. Expense for lenses and frames required to correct a specific vision defect resulting from a severe medical or surgical problem (e.g., stroke, other vascular or neurological disease, trauma, or eye surgery other than eye refraction procedures intended to correct refractive error) is limited to \$200 per initial case.
- **Inpatient rehabilitative care** services must be preauthorized by PacificSource and are limited to a maximum of 15 days per policy term.
- Covered expenses for **organ transplants** are limited to a lifetime maximum benefit of \$250,000. Only the following types of organ transplants are covered: kidney; heart; liver (subject to disease-specific criteria); and bone marrow and peripheral blood stem cell transplantation. Transplant benefit requests are reviewed on a case-by-case basis to determine if the transplant is medically necessary and reasonable by nationally recognized standards in reputable transplant centers. Administration of transplant benefits are based on Medicaid criteria. A contracting transplant facility is a Center of Excellence facility with which PacificSource has contracted or arranged to provide

transplantation services. Benefits for the services, treatment, and supplies provided under the contractual arrangement are subject to plan deductibles (coinsurance and copayment amounts after deductible are waived). If services are available through contractual agreement but are not performed at a participating facility, benefits are paid at 50% of the allowable fee after the annual deductible is satisfied. Incurred expense in excess of 50% of the allowable fee does not accumulate toward the out-of-pocket maximum. For services of a physician or other professional provider that are not included in a contractual agreement of a participating provider, PacificSource will pay according to the regular provisions of this policy.

- **Pelvic exams and Pap smear exams** are covered annually for women 18 to 64 years of age, and at any time upon referral of a women's healthcare provider.
- Covered expenses for outpatient **physical, occupational, and speech therapy** are limited to a combined maximum of 15 visits per policy term.
- Quantities of covered generic and brand name **prescription drugs** listed on the Preferred Drug List are limited to no more than a 30-day supply (up to 120 doses) per fill or refill. Prescription drugs purchased outside of the participating pharmacy network are limited to a five-day emergency fill. Maintenance drugs are excluded at the point-of-sale, unless preauthorized by PacificSource.
- Outpatient **pulmonary rehabilitation** for severe chronic lung disease is covered when preauthorized by PacificSource and prescribed by a physician, up to a lifetime maximum benefit of \$1,000.
- Services in a licensed **skilled nursing facility** are covered for up to 30 days when immediately following a hospitalization of at least five days in duration for treatment of a covered illness or injury.

GENERAL EXCLUSIONS

This policy does not provide benefits in any of the following circumstances or for any of the following conditions:

- **Pre-existing conditions.** Pre-existing condition means a condition (physical or mental) for which a covered individual received medical advice, diagnosis, care, treatment, service, supply or prescription drug during the five-year period immediately preceding the policy effective date.
- **Abdominoplasty** for any indication.
- **Abortions, elective,** except to preserve the mother's life.
- **Acne treatment.**
- **Acupuncture, chiropractic, massage, massage therapy, or naturopathic services.**
- **Admission prior to coverage.**
- **Alcoholism** – Charges made in connection with treatment of alcoholism, except as specifically provided for in an endorsement to the policy.
- **Allergy services,** including allergy injections.
- **Autologus stem cell rescue.**
- **Benefits not stated.**
- **Biofeedback and pain management treatments and programs** – Other than as provided for under the Covered Expenses section of the policy.
- **Charges over the allowable fee.**
- **Chelation therapy,** including associated infusions of vitamins and/or minerals, except as preauthorized by PacificSource for the treatment of selected medical conditions and medically significant heavy metal toxicities.
- **Community wellness** classes or programs.
- **Complications related to excluded coverage.**
- **Contraceptive devices and drugs.**
- **Cosmetic/reconstructive services and supplies,** except when necessary as a direct result of injury sustained while this policy is in effect or for charges in connection with congenital defect of a child born while this policy is in effect, this policy does not cover services, supplies, or drugs, for primarily cosmetic/reconstructive purposes and any resulting complications.
- **Criminal conduct.**
- **Custodial care or daycare.**
- **Dental examinations, treatment, and orthodontics.**
- **Drug abuse** or drug addiction.
- **Drugs and medicines,** except for those administered while inpatient in the hospital, and except for generic and brand name medications on the Preferred Drug List that must be ordered by a physician or other licensed provider prescriber within the scope of his or her license for services covered by this policy and dispensed by a licensed pharmacist.
- **Employee Assistance Programs.**
- **Eating disorders** other than as provided for under the Covered Expenses section of the policy.
- **Elective surgery** or procedure for a condition that does not require immediate attention and for which a delay would not have a substantial likelihood of adversely affecting the patient's health. Elective procedures include, but are not limited to, surgery for otitis media and removal of tonsils or adenoids with or without myringotomy.
- **Electronic Beam Tomography (EBT).**
- **Equipment, non-medical** – Equipment commonly used for non-medical purposes, marketed to the general public, intended to alter the physical environment, or used primarily in athletic or recreational activities.

The following items are specifically excluded from coverage: air conditioners; air purifiers; blood pressure monitoring equipment; compression/cooling combination units; computer or electronic devices; computer software for monitoring (including coagulation monitoring), recording, or reporting; asthmatic, diabetic, or similar clinical tests or data; conveyances (including scooters) other than conventional wheelchairs; cooling pads; equipment purchased on the Internet; exercise equipment for stretching, conditioning, strengthening, or relief of musculoskeletal symptoms; heating pads; humidifiers, except as part of CPAP apparatus; light boxes; mattress or mattress pads (except for healing of pressure sores); orthopedic shoes; pillows; replacement costs for worn or damaged durable medical equipment that would otherwise be replaceable without charge under warranty or other agreement; spas; saunas; shoe modifications (except when incorporated into a brace or prosthesis); structural alterations in order to prevent, treat, or accommodate a medical condition (including grab bars and railings); vehicle alterations in order to prevent, treat, or accommodate a medical condition; and whirlpool baths.

- **Experimental or investigational procedures.**
- **Eye exam, glasses, contacts.**
- **Family planning,** including artificial insemination, in vitro, diagnosis and treatment of infertility, erectile dysfunction, frigidity, elective sterilization, reverse voluntary sterilization, birth control drugs, devices, removal of contraceptive devices, impotency, or genetic testing or counseling.
- **Foot care, routine** – Services and supplies for corns and calluses of the feet, conditions of the toenails other than infection, hypertrophy, or hyperplasia of the skin of the feet, and other routine foot care, except when the patient is being treated for mellitus diabetes.

- **Free services** – Excluded are services or supplies that: a) are provided by federal, veteran's, state or municipal hospital, b) for which no charge is made, c) for which the member is not legally required to pay, or d) which a provider or facility is not licensed to provide, even though the service or supply may otherwise be eligible.
- **Genetic (DNA) and other genetic testing**, except for those tests identified by PacificSource as medically necessary for the diagnosis and standard treatment of specific diseases.
- **Growth Hormone Therapy.**
- **Hair analysis or loss.**
- **Health education services.**
- **Hearing aids and testing**, including the fitting, provision, or replacement of hearing aids.
- **Immunizations.**
- **Infertility** – Services and supplies, diagnostic laboratory and x-ray studies, surgery, treatment, or prescriptions to diagnose, prevent, or cure infertility or to induce fertility (including Gamete and/or Zygote Interfallopian Transfer, i.e. GIFT or ZIFT), except for medically necessary medication to preserve fertility during treatment with cytotoxic chemotherapy.
- **Intentional self-inflicted injury or illness.**
- **Jaw surgery** – Procedures, services, and supplies for developmental or degenerative abnormalities of the jaw, malocclusion, or improving placement of dentures, including dental implants.
- **Marital counseling or social counseling.**
- **Maternity** – Maternity-related expenses including normal or cesarean delivery and voluntary termination of a normal pregnancy (except when necessary to preserve the mother's life).
- **Medical or psychological report preparation for third parties.**
- **Medical treatment received outside the U.S.**, except in a medical emergency situation.
- **Mental, emotional or nervous disorders** – Mental or emotional counseling of any type or treatment of learning disorders or disabilities.
- **Motional analysis**, including video taping, 3-D kinematics, dynamic surface, and fine wire electromyography, including physician review.
- **Myeloablative high dose chemotherapy**, excluded except when the related transplant is specifically covered under the transplantation provisions of this policy.
- **Non-emergency services** – Services for which preauthorization is required when services are rendered by a nonparticipating provider.
- **Obesity or weight control** – Surgery or other related services or supplies provided for weight control or obesity (including all categories of obesity), whether or not there are other medical conditions related to or caused by obesity. Services or supplies used for weight loss, such as food supplementation programs and behavior modification programs, regardless of the medical conditions that may be caused or exacerbated by excess weight, and self-help or training programs for weight control.
- **Orthognathic surgery** – Services and supplies to augment or reduce the upper or lower jaw, except as specified in the policy under Covered Expenses – Other Covered Services, Supplies, and Treatment, jaw or natural teeth.
- **Osteopathic manipulation**, excluded, except for treatment of disorders of the musculoskeletal system.
- **Panniculectomy** for any indication.
- **Pediatric dental care** – Facility charges for pediatric dental care requiring general anesthesia.
- **Personal comfort items.**
- **Physical exams required for administrative purposes**, such as participation in athletics, admission to school, or by an employer.
- **Physical and occupational therapy** excluded for developmental delays and disorders, sensory integration disorders, motor skills disorders, or learning disorders.
- **Private duty nursing** for hospital or skilled nursing facility inpatients.
- **Provider services** – Services from a provider that does not meet PacificSource's credentialing requirements or that are not specified as eligible under the policy or an attached endorsement.
- **Reduction or augmentation mammoplasty.**
- **Rehabilitation** – Functional capacity evaluations, work hardening programs, vocational rehabilitation, community reintegration services, and driving evaluation and training programs.
- **Respite care.**
- **Rest or recuperation** – Excluded services include cures or care in an extended care facility, convalescent nursing home, facility providing rehabilitation treatment, or homes for the aged, whether or not part of a hospital.
- **Routine services or supplies** – Services, supplies, and equipment not involved in diagnosis or treatment but provided primarily for the comfort, convenience, cosmetic purpose, environmental control, patient education or for records or claims processing.

These include but are not limited to charges for telephone consultations, missed appointments, completion of claim forms, or reports requested by PacificSource in order to process claims; appliances, such as air conditioners, humidifiers, air filters, whirlpools, hot tubs, heat lamps, or tanning lights; private nursing service or personal items such as telephones, televisions, and guest meals in a hospital or skilled nursing facility; and maintenance supplies and equipment not unique to medical care.

- **Screening tests and exams** – Services and supplies, including imaging and screening exams performed for the sole purpose of screening and not associated with specific diagnoses and/or signs and symptoms of disease or of abnormalities on prior testing, except as specifically provided for in the Covered Expenses section.
- **Self-help training or therapy** – Programs to help stop smoking, general fitness exercise programs, and programs that teach a person how to use durable medical equipment or care for a family member. Also excluded are health or fitness club services or memberships and instruction programs including, but not limited to, those to learn to self-administer drugs or nutrition, except as specifically provided for in this policy.
- **Services performed by a family member.**
- **Sexual disorders** – Services or supplies for the treatment of sexual dysfunction or inadequacy and/or those related to sex change procedures and any resulting complications.
- **Sex reassignment** – Procedures, services, or supplies, including gender-reassignment drug therapies in a pre-surgery situation, related to a sex reassignment.
- **Sleep apnea, sleeping disorders, and/or sleep studies** – Services or supplies for the treatment or studies of sleep apnea or other sleeping disorders including snoring.

- **Speech therapy** for developmental language disorders, phonological disorders, and learning disorders; and oral/facial motor therapy for strengthening and coordination of speech-producing musculature and structures; and speech generating devices.
- **Third party liability** – Any services or supplies for illness or injury for which a third party is responsible or which are payable by such third party or which are payable pursuant to applicable workers' compensation laws, motor vehicle liability, uninsured motorist, underinsured motorist, and personal injury protection insurance and any other liability and voluntary medical payment insurance to the extent of any recovery received from or on behalf of such sources.
- **TMJ** – Advice or treatment, including physical therapy and/or oromyofacial therapy, either directly or indirectly, for temporomandibular joint dysfunction, myofacial pain, or any related appliances.
- **Transplants** – Any services, treatments, or supplies for the transplantation of bone marrow or peripheral blood stem cells or any human body organ or tissue, except as expressly provided under the provisions of this policy for covered transplantation expenses.
- **Treatment after the expiration date of the policy.**
- **Treatment prior to enrollment.**
- **Treatment not medically necessary** – Services or supplies that are not medically necessary for the diagnosis or treatment of an illness or injury.
- **Treatment while incarcerated** – Services or supplies a member receives while in the custody of any state or federal law enforcement authorities or while in jail or prison.

- **Unwilling to release information** – Charges for services or supplies for which a member is unwilling to release medical or eligibility information necessary to determine the benefits payable under this policy.
- **Varicose veins.**
- **War-related conditions** – The treatment of any condition caused by or due to an act of war, armed invasion, or aggression, or while in the service of the armed forces.
- **Work-related conditions** – Services or supplies for treatment of illness or injury due to or in the course of employment or self-employment for wages or profit, whether or not the expense for the service or supply is paid under workers' compensation.