

## What is Flex Term Medical?

When your life is in transition and you find yourself without health insurance, Flex Term Medical can provide you and your family with high quality, affordable major medical coverage for up to 12 months at a time. Coverage is provided for physician services, surgery, outpatient and inpatient care.

### How are benefits covered?

Flex Term Medical pays benefits for each covered person in the following manner:

**First, you meet your deductible:** Choose from \$250, \$500, \$1,000, \$2,500 or \$10,000\* of covered expenses

**Then Flex Term Medical pays a percentage** of covered expenses. Choose from two options:  
Option A: 80% of the next \$5,000  
Option B: 50% of the next \$5,000

**After this, Flex Term Medical pays 100%** of covered expenses up to your lifetime maximum of \$1 million

*\*The \$10,000 deductible is only available with Option A.*

### Who qualifies for Flex Term Medical?

Flex Term Medical is offered to individuals and their spouses (through age 59 and not eligible for Medicare) and their dependent children under age 19 (or under age 25 if a full-time student) who have a social security number and can answer "No" to five health questions on the enrollment form. Children age 19 and over can apply separately. Children alone may also apply using the adult 2–24 premium rate for the youngest child, and the per child rate for each of the child siblings to be covered. The minimum age for child-only coverage is 2 years old. The application must be completed and signed by the parent or legal guardian.

### Satisfaction guarantee

If you are not completely satisfied with this plan for any reason, and you have not filed a claim, you may return the Certificate of Insurance within 30 days and receive a full refund of premium.



### Coverage Termination

Coverage ends when: the premium is not paid when due; you enter full-time active duty in the Armed Forces; you become eligible for Medicare; you cease to be a member of the association; the group master policy terminates; the elected coverage period expires; Clarendon National Insurance Company determines fraud or misrepresentation has been made in filing a claim for benefits; or a dependent ceases to be eligible.

**About Clarendon National Insurance Company**  
Clarendon National is rated A (Excellent) for financial condition by A.M. Best Company, as of 06/01. A.M. Best ratings range from A++ to D.

### About HPA

HPA is a fully licensed, full-service Third Party Administrator transacting business worldwide. Established in 1939, HPA is a third generation company providing state of the art industry leading insurance services, including customer service, claims payment, billing and reporting.

**1-800-277-3323**

[www.hpa-inc.com](http://www.hpa-inc.com)

This brochure provides a brief description of the benefits, exclusions and other provisions of the policy or certificate Form Master Policy CNL-6000-ST- MP. For a complete listing, see the policy or certificate. Benefits may vary in different states. Flex Term Medical may not be available in all states.

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CNL-6000-ST-BRO.Flex Med 8-6 12/02



## The Competitor Flex Term Medical

An insurance plan that is an alternative to major medical

### THE PERFECT SOLUTION FOR

- Those self-employed
- Those newly divorced, laid-off or in transition
- Part-time and temporary employees
- Those needing a COBRA alternative

### SPECIAL FEATURES

- Choose any doctor or hospital worldwide
- Coverage for 12–36 months, see details inside
- Convenient payment options



Insured by: Clarendon National Insurance Company  
Rated A (Excellent) by A.M. Best Reports  
Administered by: Health Plan Administrators, Inc., Rockford, IL  
Marketed by:

## What medical expenses are covered?

**Hospital Charges:** medical care and treatment

**Ambulatory Surgical Center charges**

**Physicians Services** for diagnosis, treatment and surgery

**Intensive Care:** up to 3 times the average semi-private room rate

**Skilled Nursing Facility:** up to \$30 per day for 30 days

**Private Duty Nursing:** up to \$75 per 8-hour shift for 90 shifts per coverage period

**X-Ray Exams, Laboratory tests and analyses**

**X-Ray and Radioactive isotope therapy, anesthesia, oxygen, casts, splints, crutches, braces, surgical dressings, artificial limbs or eyes, rental of necessary medical supplies**

**Blood or blood derivatives and their administration**

**Ambulance Services:** \$250 per emergency

**Organ Transplants:** \$50,000 lifetime maximum

**Spinal Manipulation or Adjustment:** \$1,000 lifetime maximum

**Foreign Travel:** \$25,000 lifetime maximum payable after \$250 deductible

**Mental and Nervous Disorders:** inpatient; outpatient covered at \$30 per day up to 30 visits; \$5,000 lifetime maximum\*

**Alcoholic and Drug Disorders:** \$1,000 lifetime maximum\*

**Acquired Immune Deficiency Syndrome (AIDS):** \$10,000 lifetime maximum

**Home Health Care:** up to 40 visits

**Mammography, pap smear and screens**

*\*Benefits for mental, nervous and alcohol and drug disorders are covered at 50%. The benefit amount shown is the lifetime maximum per covered individual.*

## Precertification

This plan requires a pre-admission certificate by Medical Cost Management prior to eligible inpatient hospitalization or surgery by a member or insured dependent within 48 hours. This is not a guarantee of benefits. If you fail to precertify, benefits will be reduced by 50%. To precertify, call Medical Cost Management at 1-800-367-9938.

**Receive discounts** of up to 65% on prescriptions. *Not affiliated with Clarendon National Insurance Company.*



## When does my coverage start?

Your coverage will begin as early as the day following the U.S. postmark stamp on your enrollment envelope. You can request a later effective date, but no more than 60 days after the application date. All coverage is subject to approval of your application and payment of the first premium.

## How long will coverage last?

HPA's Flex Term Medical insurance is specifically designed to fill temporary insurance needs. Flex Term Medical offers coverage in 12-month periods.

## What are my payment options?

You can pay in monthly installments by credit card, auto bank withdrawal or check. Or receive a special reduced rate when you pay in a single, upfront installment, payable by credit card, check, automatic bank withdrawal or money order.

## Can I continue coverage?

If your need for health insurance continues after 12 months, you may re-apply for a new Flex Term Medical coverage period. Simply return the re-enrollment application we send you 30 days prior to the end of your first coverage period. You must be 59 years or younger to re-apply. Your coverage will be continuous, and any condition that included expenses during the last coverage period will not be treated as a pre-existing condition, and will be covered under the next coverage period. You can apply for up to three consecutive 12-month coverage periods.

## What is a reasonable and customary charge?

A "reasonable and customary charge" is the charge typically made by physicians or suppliers of medical services, medicines and supplies within a specific geographic area.

## Is there a pre-existing condition limitation?

Pre-existing conditions are not covered. This includes any condition or complication that was treated or produced symptoms three years prior to your continuous Flex Term Medical effective date.

## What services are not covered?

These services are not covered by Flex Term Medical:

- Any services that are not medically necessary
- Eye exams, eyeglasses, hearing aids and surgery
- Dental or orthodontic services
- Treatment of feet conditions
- Conditions resulting from an act of war, suicide attempt or high-risk sports
- Maternity and newborn treatment prior to discharge, any infertility treatments or sterilization treatments
- Services performed by family members or for which a charge would otherwise not be incurred
- Medical care received outside of the United States
- Services payable by Medicare or Worker's Compensation coverage
- Cosmetic surgery
- Transplant services to the transplant donor
- Routine physical exams and tests, preventive care and immunizations
- Experimental or investigational services
- Learning disorders, attention deficit disorder, hyperactivity or autism
- Obesity treatments
- Sleep disorders
- Over-the-counter-medications and prescription drugs

This is not a complete listing of exclusions. For a complete listing see the policy or certificate.

**Surgery:** Eligible expenses for the first six months of coverage do not include a total or partial hysterectomy unless it is medically necessary due to a diagnosis of carcinoma (subject to all other policy provisions, including but not limited to the pre-existing condition exclusion); tonsillectomy; adenoidectomy; repair of deviated nasal septum or any type of surgery involving the sinus; myringotomy; tympanotomy; or herniorrhaphy.