

Select STM

Med-Sense Guaranteed Association with Select STM membership offers the following Health Insurance benefits, underwritten by Standard Life and Accident Insurance Company. Select STM plans are not available in all states. State options and benefits may vary.

Product Details

Length of Coverage	Up to 6 months, 11 months or 364 days (<i>varies by state</i>)
Network	PHCS PPO
Coverage Effective Date	Next day coverage. Later effective date available, but not to exceed 45 days from date of transmission
Eligibility	18-64 Child only coverage available for ages 0-25 (<i>adult rates apply to anyone 18 or older</i>).
Certificate Effective Date	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: <ul style="list-style-type: none">▪ 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.
State Availability	Available for 6 months or up to 364 days in the following states: AL, AZ, DE, FL, IL, IN, IA, KS, LA, MI, MS, NV, OK, PA, TN, TX, VA, WV Available for 6 months or up to 11 months in the following state: SC Available for 6 months only in the following state: ND
Appointment Process	Step 1: Call 888-290-1085. Use Referral Code: HII Step 2: SLAICO's rep will complete the contracting over the phone. Step 3: You will need to provide: <ul style="list-style-type: none">▪ Credit authorization▪ E&O▪ Copies of your licenses

Reapply Rules

West Virginia: No reappplies allowed

All other states: No limitations on how many times they can re-apply. The consumer must have a 24 hour break in STM coverage before they can reapply.

Disclaimer: 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 Select Short-Term Medical Insurance underwritten by Standard Life and Accident Insurance Company. Provided by Policy Form Series SL-PMSSTMED. 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.

What is covered?

Maximum Benefit	Plan 1	Plan 2	Plan 3
Deductible Options	\$500, \$1000, \$2500, \$5000, or \$7500	\$500, \$1000, \$2500, \$5000, \$7500, or \$10,000	\$250, \$500, \$1000, \$2500, \$5000, \$7500, or \$10,000
In Network Coinsurance Percentage (Out-of-Network Coinsurance Percentage is 20% less)	70/30, 80/20, 100/0	50/50, 70/30, 80/20	70/30, 80/20, 100/0
Stop Loss Amount	\$10,000 or \$20,000		
Maximum Limit per Coverage Period	\$100,000 or \$1,000,000	\$100,000, \$250,000, \$1,000,000 or \$2,000,000	\$100,000, \$1,000,000 or \$2,000,000
Extended Care Facility	\$150	\$150	\$150
ER Facility & Prof			
Maximum per visit	\$250	Unlimited	Unlimited
Deductible (Sickness without admit)	0	\$250	0
Maximum number of deductibles	0	3	0
Doctor Office Consultation			
Copay	\$50	\$50	\$40
Maximum Excess of Copay	\$500	\$2000	\$2000
Home Health (Maximum number of days)	30	30	30
Ambulance (maximum amount)	\$250	\$250	\$250
Wellness (maximum amount)	\$50	\$75	\$75
Inpatient Services			
Hospital Services			
Maximum per day	\$1000	Unlimited	Unlimited
Deductible	0	0	0
Maximum number of deductibles	0	0	0
Hospital ICU	\$1,250	0	0
Doctor Visits (maximum per stay)	\$500	Unlimited	Unlimited
Outpatient Services			
Surgical Facility			
Maximum per day	\$1000	Unlimited	Unlimited
Deductible	0	0	0
Maximum number of deductibles	0	0	0
Hospital Services (not surgical or advanced studies)			
Maximum per day	\$1000	Unlimited	Unlimited
Deductible	\$250	0	0
Maximum number of deductibles	3	0	0
Physical Therapy Professional			
Maximum per day	\$50	\$50	\$50
Maximum number of visits	20	20	20

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

What is *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 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) Herniorrhaphy; 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 kineotherapy, 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.
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- 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.