Secure Lite

Short-term medical insurance for individuals and families

Underwritten by Standard Security Life Insurance Company of New York, a member of The IHC Group. For more information about Standard Security Life and The IHC Group, visit www.ihcgroup.com.

This plan is not considered to be Minimal Essential Coverage as defined by the Patient Protection and Affordable Care Act (ACA).

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Secure Lite short-term medical insurance offers protection when circumstances leave you temporarily uninsured.

Secure Lite offers short-term medical coverage with an affordable premium, achieved through carefully selected benefit limitations. Coverage is available in most states for 30 to 90 days.

Short-term medical insurance is not a substitute for a major medical plan that meets the minimum essential coverage levels defined by the Patient Protection and Affordable Care Act, also known as ACA. It can, however, offer financial protection in the event of an unexpected injury or illness while you are waiting for coverage to begin under an ACA-qualified plan.

When to consider a short-term medical plan:

- **Missed open enrollment**
  If you have missed the opportunity to secure coverage during the open enrollment period, you may be ineligible to buy a major medical policy until the next open enrollment period unless you have a qualifying event.
- **Newly hired**
  Often, an employer-sponsored plan includes a waiting period before health insurance benefits begin.
- **Waiting for an ACA plan**
  Many plans on the Health Insurance Exchange offer only one effective date, the first of the month. Depending on when you submit your application, you may have to wait up to 45 days for your coverage to begin.

Coverage can begin as early as the day following your online application, if approved, and last up to 90 days. **The maximum coverage period varies by state.**

Secure Lite plan selections

All benefits listed apply per covered person, per coverage period. Refer to the descriptions below the chart for additional benefit details.

Office visit copay The copay applies to the first covered office visit during the policy period. After the copay, the balance of the doctor office visit charge is covered at 100 percent. Additional covered expenses incurred during the office visit, including expenses for laboratory and diagnostic tests will be subject to plan deductible and coinsurance.	$50 copay
Deductible The selected deductible must be paid by the covered person before coinsurance benefits begin.	• $500 • $1,000 • $2,500 • $5,000

Coinsurance percentage and out-of-pocket
After the deductible has been met, the Secure Lite plan pays the selected percentage of covered charges. The covered person is responsible for the remaining percentage of covered charges until the selected out-of-pocket amount has been reached.
The out-of-pocket amount is specific to charges applied to coinsurance; it does not include the deductible.
	• 20% coinsurance
	Out-of-pocket:
	  • $2,000
	  • $3,000
	  • $4,000
	• 50% coinsurance
	Out-of-pocket:
	  • $5,000
	  • $7,500
	  • $10,000

Coverage-period maximum benefit	$750,000

Deductible

When three covered persons in a family each satisfy their deductible, the deductibles for any remaining covered family members are deemed satisfied for the remainder of the coverage period.

Coinsurance percentage and out-of-pocket

Once the deductible and coinsurance out-of-pocket amounts have been paid, additional covered charges within the coverage period are paid at 100 percent, up to the maximum benefit. The coinsurance out-of-pocket does not include any precertification penalty amounts or expenses not covered by the plan. Benefit-specific maximums may apply.

Payment options

Secure Lite offers monthly premium payments using credit card or automatic bank withdrawal.

Utilize a network provider and save

With a Secure Lite plan, you have access to discounted medical services through two national preferred provider organizations (PPOs). These network providers have agreed to negotiated prices for their services and supplies. While you have the flexibility to choose any healthcare provider, the discounts available through network providers for covered services may help to lower your out-of-pocket costs.

MultiPlan—www.multiplan.com

One of the nation's largest networks, MultiPlan has more than 650,000 providers in 50 states, including physicians, and inpatient and outpatient facilities.

ACS—www.anci-care.com

A comprehensive network of 38,000 ancillary service providers, ACS represents providers of outpatient services, including lab and diagnostic testing, but it does not include physicians.

To search for a network healthcare provider or facility, please visit the websites listed above. At the time of service, simply present your identification card which will include the network information needed for the provider to correctly process covered charges.

MultiPlan and ACS are not affiliated with Standard Security Life Insurance Company of New York, nor are they part of this insurance plan.

Covered expenses[1]

All benefits are subject to the selected plan deductible and coinsurance. Covered expenses are limited by the Usual, Reasonable and Customary Charge as well as any benefit-specific maximum. If a benefit-specific maximum does not apply to the covered expense, benefits are limited by the coverage-period maximum.

Covered expenses include treatment, services and supplies for:

- Inpatient hospital regular care up to $1,000 per day; includes daily room and board and miscellaneous charges[2]
- Inpatient hospital intensive care or critical care up to three times the average semi-private room rate with a $1,250 maximum benefit per day; includes daily room and board and miscellaneous charges[2]
- Outpatient hospital surgery and ambulatory surgical center services up to $1,000 per day; includes cost of operating room and miscellaneous charges[2]
- Outpatient emergency room services up to $500 per day; includes the emergency room physician charge, 24-hour surveillance and miscellaneous charges[2]
- Inpatient physician visits up to $500 per hospital stay
- Surgical and anesthesiology services up to $2,500 per surgery with a $5,000 maximum per coverage period
- Outpatient or physician office miscellaneous medical expense services up to $1,000 per coverage period
- Ambulatory services up to $250 per trip
- Organ transplants up to $150,000 per coverage period
- Acquired Immune Deficiency Syndrome (AIDS) up to $10,000 per coverage period[3]

[1]*Benefits may vary by state.*

[2]*Miscellaneous charges include X-rays, scans, laboratory, blood, therapy, oxygen, casts, splints, medicines, injections, chemotherapy and medical supplies.*

[3]*The AIDS maximum of $10,000 per coverage period benefit varies by state.*

Pre-existing condition limitation

Secure Lite will not provide benefits for any loss caused by or resulting from a pre-existing condition. A pre-existing condition is any medical condition or sickness for which medical advice, care, diagnosis, treatment, consultation or medication was recommended or received from a doctor within five years immediately preceding the covered person's effective date of coverage; or symptoms within the five years immediately prior to the coverage that would cause a reasonable person to seek diagnosis, care or treatment. The period of time preceding the effective date of coverage may vary by state.

Usual, Reasonable and Customary Charge

The Usual, Reasonable and Customary Charge for medical services or supplies is the lesser of: a) the amount usually charged by the provider for the service or supply given; or b) the average charged for the service or supply in the locality in which it is received.

With respect to treatment of medical services, Usual, Reasonable and Customary means treatment that is reasonable in relationship to the service or supply given and the severity of the condition. In reaching a determination as to what amount should be considered as Usual, Reasonable and Customary, we may use and subscribe to a standard industry reference source that collects data and makes it available to its member companies.

Eligibility

Secure Lite is available to all members of Communicating for America, Inc. (CA) from age 18 to 64, their spouse age 18 to 64 and dependent children up to age 26. Each applicant must qualify based on the plan's application questions and underwriting guidelines. Child-only coverage is available for children ages 2 to 17. The CA membership requirement varies by state.

Effective date

Coverage can begin as early as the day following your online application submission. You may request a later effective date up to 60 days after the application date. All coverage is subject to approval and payment of the first premium.

Right to return period

If you are not completely satisfied with this coverage and have not filed a claim, you may return the Policy/Certificate of Insurance within 10 days and receive a premium refund.

Precertification

You must notify the professional review organization 10 days prior to an elective or nonemergency hospital admission or surgery and 48 hours following an emergency admission to the hospital, or as soon as reasonably possible. Failure to precertify will result in a benefit reduction of 50 percent. Precertification is not a guarantee of benefits.

Continuing coverage

Although Secure Lite is not renewable, if your need for temporary health insurance continues, most states allow you to apply for another Secure Lite plan. Your application is subject to eligibility, underwriting requirements and state availability of the coverage. The next coverage period is not a continuation of the previous period; it is a new plan with a new deductible, coinsurance and pre-existing condition limitation.

Coverage termination

Coverage ends on the earlier of the date: the premium is not paid when due; you become eligible for Medicare; you enter full-time active duty in the armed forces; or fraud or misrepresentation has been made in filing a claim for benefits. A dependent's coverage ends on the earlier of the date: your coverage terminates; the dependent become eligible for Medicare; or the dependent ceases to be eligible. Additional events or circumstances may cause coverage to terminate; refer to the Policy/Certificate of Insurance for complete details.

Exclusions

The following is a partial list of services or charges not covered by Secure Lite:[4]

Expenses for the treatment of pre-existing conditions; expenses incurred prior to the effective date of a covered person's coverage or incurred after the expiration date; expenses that do not meet the definition of or are not specifically identified under the Policy as covered expenses; expenses to treat complications resulting from treatment, drugs, supplies, devices, procedures or conditions which are not covered under the Policy or are experimental or investigational services or treatment; expenses for purposes determined by Us to be educational; amounts in excess of the usual and reasonable charges made for covered services or supplies or which you or your covered dependent are not required to pay; expenses to the extent that they are paid or payable under another insurance or medical prepayment plan, Medicare paid expenses or expenses for care in government institutions; expenses paid under workers' compensation or an automobile insurance policy; expenses incurred by a covered person while on active duty in the armed forces, expenses from war; expenses incurred while engaging in an illegal act or occupation or during the commission, or the attempted commission, of a felony or assault; expenses for the treatment of normal pregnancy or childbirth, except for complications of pregnancy and normal newborn care unless medically necessary due to sickness or injury; expenses for voluntary termination of normal pregnancy or contraception; infertility treatments or sterilization; expenses related to sex transformation or penile implants or sex dysfunction or inadequacies, physical exams, prophylactic treatment; expenses for the treatment of mental illness or nervous disorders; alcoholism or drug addiction; expenses incurred for loss sustained or contracted in consequence of the covered person being intoxicated or under the influence of any narcotic; expenses incurred in connection with programs, treatment, or procedures for tobacco use cessation; expenses resulting from suicide or attempted suicide; expenses for dental treatment or temporomandibular joint dysfunction (TMJ) of any kind except as specifically covered; expenses for radial keratotomy; vision exams, eyeglasses or contact lenses, including the fitting of; treatment of cataracts; routine hearing exams or hearing aids; expenses for cosmetic or reconstructive procedures, services or supplies including breast reduction or augmentation or complications except as specifically covered; outpatient prescriptions, unless shown as included in the Schedule of Benefits; expenses incurred in connection with any drug or other item used to treat hair loss; treatment of feet unless due to injury or illness; expenses incurred in the treatment of acne ,or varicose veins; weight loss programs or diets; expenses for rest or recuperation cures or care in an extended care facility, convalescent nursing home, a facility providing rehabilitative treatment, skilled nursing facility, or home for the aged, whether or not part of a hospital; transportation expenses, except as specifically covered; expenses for services or supplies for personal comfort or convenience; expenses provided by immediate family; expenses for sleeping disorders; expenses incurred in the treatment of injury or sickness resulting from participation in skydiving, scuba diving, hang or ultralight gliding, riding an all-terrain vehicle such as a dirt bike, snowmobile or go-cart, racing with a motorcycle, boat or any form of aircraft, any participation in sports for pay or profit, or participation in rodeo contests; participating in interscholastic, intercollegiate or organized competitive sports; expenses for the purchase of a noninvasive osteogenesis stimulator (bone stimulator); expenses for services or supplies of a common household use; medical care, treatment, service or supplies received outside of the United States, Canada or its possessions; expenses for spinal manipulation or adjustment; expenses for acupuncture; expenses for marital counseling or social counseling; private duty nursing services; expenses for the repair or maintenance of a wheelchair, hospital-type bed or similar durable medical equipment; orthotics, special shoes, spine and arch supports, heel wedges, sneakers or similar devices unless they are a permanent part of an orthopedic leg brace; expenses incurred in connection with the voluntary taking of a poison or inhaling gas; expenses incurred in connection with obesity treatment or weight reduction including all forms of intestinal and gastric bypass surgery, including the reversal of such surgery even if the covered person has other health conditions that might be helped by a reduction of obesity or weight; expenses for replacement of artificial limbs or eyes; removal of breast implants; or expenses for a service or supply whose primary purpose is to provide a covered person with 1) training in the requirements of daily living; 2) instruction in scholastic skills such as reading and writing; 3) preparation for an occupation; 4) treatment of learning disabilities, developmental delays or dyslexia; or 5) development beyond a point where function has been demonstrably restored.

[4]The limitations and exclusions may vary by state. Please see the Policy/Certificate of Insurance for detailed information about these and other plan limitations and exclusions.

Short-term medical expense coverage under the Secure Lite plan is not available in all states.

In the states of ID, IN, KS, LA, MD, ME, MN, MT, NV and SD coverage is offered under an Individual Short-Term Medical Expense Insurance Policy, Form No. SSL-ISTM-1104. The policy form number will vary based on the state in which it is issued.

In other states, short-term medical expense coverage is available to members of Communicating for America, Inc. (CA), the Group Policyholder. Coverage is offered under a group Certificate of Insurance, Form No. SSL-STMP-1104. CA is a national, non-profit 501(c)3 association headquartered in Fergus Falls, Minn., with an office in Washington, D.C., that has been providing valued member benefits and savings since 1972. Your enrollment as a member of CA is completed upon receipt of the association dues. CA is not affiliated with Standard Security Life Insurance Company of New York, nor is it part of the insurance coverage.

THIS IS NOT QUALIFYING HEALTH COVERAGE ("MINIMUM ESSENTIAL COVERAGE") THAT SATISFIES THE HEALTH COVERAGE REQUIREMENT OF THE AFFORDABLE CARE ACT. IF YOU DON'T HAVE MINIMUM ESSENTIAL COVERAGE, YOU MAY OWE AN ADDITIONAL PAYMENT WITH YOUR TAXES. 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 POLICY INCLUDES A PRE-EXISTING CONDITION EXCLUSION PROVISION.

About Standard Security Life Insurance Company of New York

Standard Security Life was founded in 1958, and is domiciled in the State of New York and headquartered in New York City. It is licensed in all 50 states, the District of Columbia, the Virgin Islands, and Puerto Rico. Standard Security Life provides various lines of life, health and disability insurance, including: employer medical stop-loss, disability benefit law (DBL), short-term medical, group major medical, individual and group dental and vision, individual accident and health insurance, group term life, specialty programs designed for volunteer emergency service personnel, including group life insurance and service awards programs. Standard Security Life is rated A- (Excellent) by A.M. Best Company, Inc., a widely recognized rating agency that rates insurance companies on their relative financial strength and ability to meet policyholder obligations (an A++ rating from A.M. Best is its highest rating).

About The IHC Group

Independence Holding Company (NYSE: IHC) is a holding company that is principally engaged in underwriting, administering and/or distributing group and individual disability, specialty and supplemental health, pet, and life insurance through its subsidiaries since 1980. The IHC Group (including through its 92% ownership of American Independence Corp. (NASDAQ: AMIC)) owns three insurance companies (Standard Security Life Insurance Company of New York, Madison National Life Insurance Company, Inc. and Independence American Insurance Company), a majority of Ebix Health Administration Exchange, Inc., a fully insured third party administrator, and IHC Specialty Benefits, Inc., which is a technology-driven insurance sales and marketing company that creates value for insurance producers, carriers and consumers (both individuals and small businesses) through a suite of proprietary tools and products (including ACA plans and small group medical stop-loss). All products are placed with highly rated carriers.

“IHC” and “The IHC Group” are the brand names for plans, products and services provided by one or more of the subsidiaries and affiliate member companies of The IHC Group (“IHC Entities”). Plans, products and services are solely and only provided by one or more IHC Entities specified on the plan, product or service contract, not The IHC Group. Not all plans, products and services are available in each state.

Important information

This brochure provides a brief description of the benefits, exclusions and other provisions of the Policy/Certificate of Insurance. For complete listings, see the Policy/Certificate of Insurance.

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