

Let Us Help You Sell Short Term Medical Insurance



Short Term Medical Insurance is a domestic temporary health insurance program designed for individuals inside the US in transition without health insurance. STM Complete is insured and administered by HCC Life Insurance Company (HCC Life), an industry leader in medical stop-loss and excess lines coverage for more than 30 years. Short Term Medical Insurance can be applied for outside of open enrollment. It is a non ACA compliant plan, which means applicant would be subject to a tax penalty.

With STM Complete, clients can choose from a wide range of deductibles, select the exact length of coverage required, and receive treatment from the doctors and hospitals of their choice. STM Complete provides coverage for Inpatient and Outpatient charges, including Inpatient prescription drugs, as well as charges for emergency local ambulance and expenses related to Mental and Nervous Disorders.

Policy Options and Information:

Length of Coverage: Purchase in full or monthly payments (up to 6 or 11 months/depending on state)

Deductible: \$250, \$500, \$1000, \$2500, \$5000 and \$7500
*All per person; max of 3 deductibles is required per family (\$250 not available for plans more than 6 months)

Coinurance: 50% or 80% of the next \$5000 in Eligible Expenses after deductible

Overall policy max: \$1 or \$2 million

Prescription Drugs: (inpatient) covered as any other expenses (outpatient) not covered. Association membership includes Prescription Drug Discount Card.

Urgent Care: Co-payment of \$50 and co-insurance (deductible is waived)

Wellness/Routine: Not covered/ See state mandated benefits for any exceptions

Maternity: Not covered/ Exception: Complications of pregnancy are covered the same as any other condition.

Common Broker Q&A's:

Q: Can a client buy a second short term medical plan immediately after the first?

A: Yes, in most states. CA and ID require a 75 day waiting period between two plans no matter the duration of the policy. NC requires 6 months waiting period in between two plans.

Q: Can you buy three STM policies back to back to back?

A: We do not allow more than two short term medical policies back to back in a rolling 12 month period, this means there is a waiting period in order for an individual to apply for a 3rd consecutive policy. In order to apply for a 3rd policy, the individual will have to wait for a certain period of time. Please see an example of this below.

Example: If an individual buys their first policy 1/14-6/14, and their 2nd Policy 7/14-12/14— they would not be eligible for a third policy until 7/15.

Q: When will the policy monthly payments be withdrawn from the client's account?

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A: For the monthly payment option, the first month's premium is deducted from the client's account the moment the policy is submitted. After that, automatic withdrawals are made from the client's account on the anniversary date of the effective date of the policy.

Example: If a client bought a policy on October 15th for an October 20th effective date, the first month's premium would be deducted on October 15th. The client's card would not be deducted for the second month's premium until November 20th, then again on December 20th.

For single up-front payments, the charge will be made when the policy is submitted.

Q: How can we cancel a policy?

A: Within the 10 day Free Look Period a policy can be cancelled via written request from the insured or broker for a full refund of premium (association and administration fees are nonrefundable). After the Free-Look Period, covered persons who have elected monthly payments may submit a written request revoking authorization to charge the credit card. Requests must be received at least one business day prior to the next scheduled installment date. If you wish to cancel a policy that was paid up-front, you must submit proof of other insurance along with the cancellation request in order to receive a pro-rated refund. All cancellation requests can be sent to orders@hccmis.com.

Q: How can we update policy information?

A: Any policy change (effective dates, address updates, contact info, payment updates) must be updated in Client

Zone. Requests for changes to the Effective Date will be honored only prior to the Effective Date. Deductible, co-insurance, and overall maximums may not be changed after the certificate has been issued.

Q: Can an application pay with a check or bank draft?

A: For single up-front payments an application can pay with a check or a card. With monthly payments, we only accept a debit or credit card.

Q: Is there a network of doctors and hospitals?

A: Coventry National Network is our domestic provider network and is highly credentialed. To search for doctors and hospitals participating in the PPO network, please visit our U.S. Doctor Search Engine.

Q: What is the out of pocket maximum?

A: The client's payments go towards the deductible first, and then they will pay of the coinsurance. The coinsurance is 20% or 50% (depending on coinsurance chosen) of the next \$5000 of eligible expenses. Then the company will pay 100% up to the overall max of eligible expenses of 1 or 2 mil. See below for a chart describing out of pocket maximums.

Deductible	Coinsurance	Of the next \$5000	OOPM
\$250	80/20	\$1,000	\$1,250
\$500	80/20	\$1,000	\$1,500
\$1,000	80/20	\$1,000	\$2,000
\$2,500	80/20	\$1,000	\$3,500
\$5,000	80/20	\$1,000	\$6,000
\$7,500	80/20	\$1,000	\$8,500
\$250	50/50	\$2,500	\$2,750
\$500	50/50	\$2,500	\$3,000
\$1,000	50/50	\$2,500	\$3,500
\$2,500	50/50	\$2,500	\$5,000
\$5,000	50/50	\$2,500	\$7,500
\$7,500	50/50	\$2,500	\$10,000

STM Benefit Summary



Length of Coverage: Purchase in full or monthly payments (up to 6 or 11 months/depending on state)

Deductible: \$250, \$500, \$1000, \$2500, \$5000 and \$7500
*All per person; max of 3 deductibles is required per family (\$250 not available for plans more than 6 months)

Coinsurance: 50% or 80% of the next \$5000 in Eligible Expenses after deductible

Overall policy max: \$1 or \$2 million

Pre-existing: Not covered/any medical treatment within the ____ months preceding the effective date are excluded for the first 12 months of coverage.

2 years – New Hampshire

24 months – Connecticut, Maine

6 months – Louisiana, Wyoming, California, Idaho

365 days – Indiana

12 months – Arizona, Colorado, Kentucky, Missouri, North Carolina, South Carolina, Texas, Virginia, North Dakota, Georgia, South Dakota

60 months – Alabama, Alaska, Arkansas, DC, Delaware, Florida, Illinois, Hawaii, Iowa, Michigan, Mississippi, Nebraska, Nevada, New Mexico, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, West Virginia, Wisconsin, Washington, Kansas, Maryland, Montana, Tennessee, Utah
Florida – except for a newborn or newly adopted child and routine follow-up for breast cancer

Wellness/Routine: Not covered/ See state mandated benefits for any exceptions

Maternity: Not covered/ Exception: Complications of pregnancy are covered the same as any other condition.

Alabama – see state mandated benefits for inpatient maternity benefits

Arkansas – see state mandated benefits

Prescription Drugs: (inpatient) covered as any other expenses (outpatient) not covered. Association membership includes Prescription Drug Discount Card.

Physical Therapy: \$50 max per visit. Must be referred by MD, medically necessary and related to a covered condition.

Chiropractic Care: not covered

Mental Health: (outpatient) \$50 max per visit. Max of 10 visits per coverage period. (inpatient) \$100 max per day. Max of 31 days per coverage period.

DC – see state mandated benefits

Colorado – see state mandated benefits

Ohio – Max of 11 visits per coverage period

Emergency Room (ER) Treatment: (injury) ER charges are covered, must be related to a covered injury. (illness) an additional \$250 deductible applies if not admitted to the hospital for that illness.

Office Visit: Deductible applies then the co-insurance

Urgent Care: Co-payment of \$50 and co-insurance (deductible is waived)

Dental: To restore or replace natural teeth lost or damaged as a result of a covered injury

Vision: not covered

STM ADMINISTRATION



Application Process Timeliness: When applying online, application generally takes about 10 minutes. Once the online application is submitted, the fulfillment will be sent to the client's email address immediately.

When is single pay: member can purchase less than 30 days (the rate will be the same for coverage for 1 day or 9 days or 25 days, etc...anything 30 days or less) Can apply for coverage up to 45 days prior to effective date.

Cancellation/Refund Request: Prior to or within 10 days after effective date (Free Look Period): May be cancelled via written request from the insured for a full refund of premium (association and administration fees are non-refundable). Submit via fax or email. After the Free-Look Period: Premiums are non-refundable. Unless termination because ineligibility such as joining the military or obtaining other insurance. However, covered persons who have elected monthly payments may submit a written request (fax or email) revoking authorization to charge the credit card. Requests must be received at least one business day prior to the next scheduled installment date.

Changes in policy: Any policy change (effective dates, address updates, contact info) must be updated in Client Zone. Requests for changes to the Effective Date will be honored only prior to the Effective Date. Deductible, co-insurance, and overall maximums may not be changed after the certificate has been issued.

Effective Date: the earliest effective date granted will be the day after the application is placed.

ID Card: May be reprinted online through the Client Zone or we can resend the card.

Payment Options: During application process, client will elect to pay monthly or pay up-front. For monthly payments, the card will be charged automatically on the anniversary date of the effective date each month for the duration of the policy – 6 months or 11 months. For the up-front payment, you can choose to pay with a credit card or with a check.

Policy extensions and renewals: the HCC Life STM plan is not renewable or extendable. The individual may purchase an additional plan if additional coverage is needed. Re-purchase is not more than 2 policies per 12 months.

Waiting Periods: 72 hour waiting period for illnesses when coverage is purchased within three days of the effective date. Waiting period does not apply to injuries. CA and ID require a 75 day waiting period between two plans. NC requires 6 months waiting period in between two plans.

How to Submit a Claim: A Step-by-Step Guide



Go to <http://www.hccmis.com/downloads/>

*If you experience multiple illnesses, please submit a claim form for each illness. For example, if you experience a sinus infection and suffer later from gastrointestinal issues, you will need to submit two claim forms.

Non-U.S. Claim Form

- If you are submitting a claim outside the United States, please fill out and include the Non U.S. Claim Form

Dental Claim Form

- Submit if you have a claim that requires dental care

Accident Questionnaire

- Submit in addition to your claim form if you were injured during an accident (such as falling, sports injury, motor vehicle accident, etc.)

Trip Cancellation Series

- Submit if you purchased Trip Cancellation coverage and experienced an unexpected situation involving your trip.

1. Click on “Claimant’s Statement.”

If you are submitting a claim for a Short Term Medical Plan (STM) please select your state before downloading the appropriate form(s):

The screenshot shows the HCC Medical Insurance Services website. The navigation bar includes links for Home, Insurance Plans, Customer Service, Find a Doctor, Producers, and Login. The main content area has tabs for Claims Forms, Brochures, How To Apply, and Additional Forms. Under the 'Claims Forms' tab, there is a section titled 'YOUR CLAIM:' with two links: 'Claimant's Statement (English)' and 'La Declaración del Reclamante (Espanol)'. Below this is a section titled 'FORMS YOU MAY NEED:' which lists various forms under 'ENGLISH' and 'ESPAÑOL'. Under 'ENGLISH', the forms listed are Non U.S. Claim Form, Dental Claim Form, Accident Questionnaire, Trip Cancellation Series, and CorpsCare. Under 'ESPAÑOL', the forms listed are Spanish Non U.S. Claim Form, Formulario de Reclamación Dental, and Cuestionario de Accidentes. At the bottom of this section, there is a link for 'STM' and a dropdown menu labeled 'Select State'.

How to Submit a Claim: A Step-by-Step Guide

2. When the claimant's statement (or other form) is open, click the download button in the top right hand corner. It will look like a piece of paper with an arrow pointing down as shown below:

International Medical Insurance... x Microsoft Word - HCCMS_Cla... x

www.hccmis.com/downloads/HCCMS_Claimants_Statement.pdf

Page: 1 of 2 Automatic Zoom

HCC

HCC Medical Insurance Services, LLC
Box No. 2005
Farmington Hills, MI 48333-2005
1-800-905-2382 / 817-262-2182

CLAIMANT'S STATEMENT AND AUTHORIZATION
(See reverse side for Directions for Submitting a Claim)

HCC Medical Insurance Services
Box No. 2005
Farmington Hills, MI 48333-2005

PART A: Complete for all claims. **All Checks and Correspondence Will Be Sent To The Address Below**

Insured Name:		Claimant (Patient) Name:	
Sex:	Birthdate:	Sex:	Birthdate:
Home Telephone:		Mailing Address (include Street Address, City, State, Country, and Postal Code):	
Work Telephone:			
Fax Number:			
E-mail address:			
Plan Number:		Certificate Number:	

1. Citizenship of Claimant: _____ Home Country of Claimant: _____
(Country where you principally reside & receive regular mail)
Country Visited: _____
(HCCMS may request a copy of your passport)

2. Is the Claimant: A full-time Student? Yes No If yes, please provide the name and address of school: _____

3. Is the Claimant: Employed? Yes No If yes, please provide the name and address of employer: _____

4. Do you or any family members have other coverage (medical, indemnity or liability) which might help cover hospital and medical expenses? Yes No If yes, please provide the following: _____

3. Fill out the form completely by printing and filling out by hand, or you may fill it out on your computer if possible.

4. Go to www.hccmis.com and visit the customer service tab near the upper-right corner. You can go there directly by visiting: <http://www.hccmis.com/customer-service/>

5. Click the "go to claims" arrow on the customer service page.

Contact Us



Claims

Submit a new claim or add to an existing one.

[Go to Claims](#)



Sales

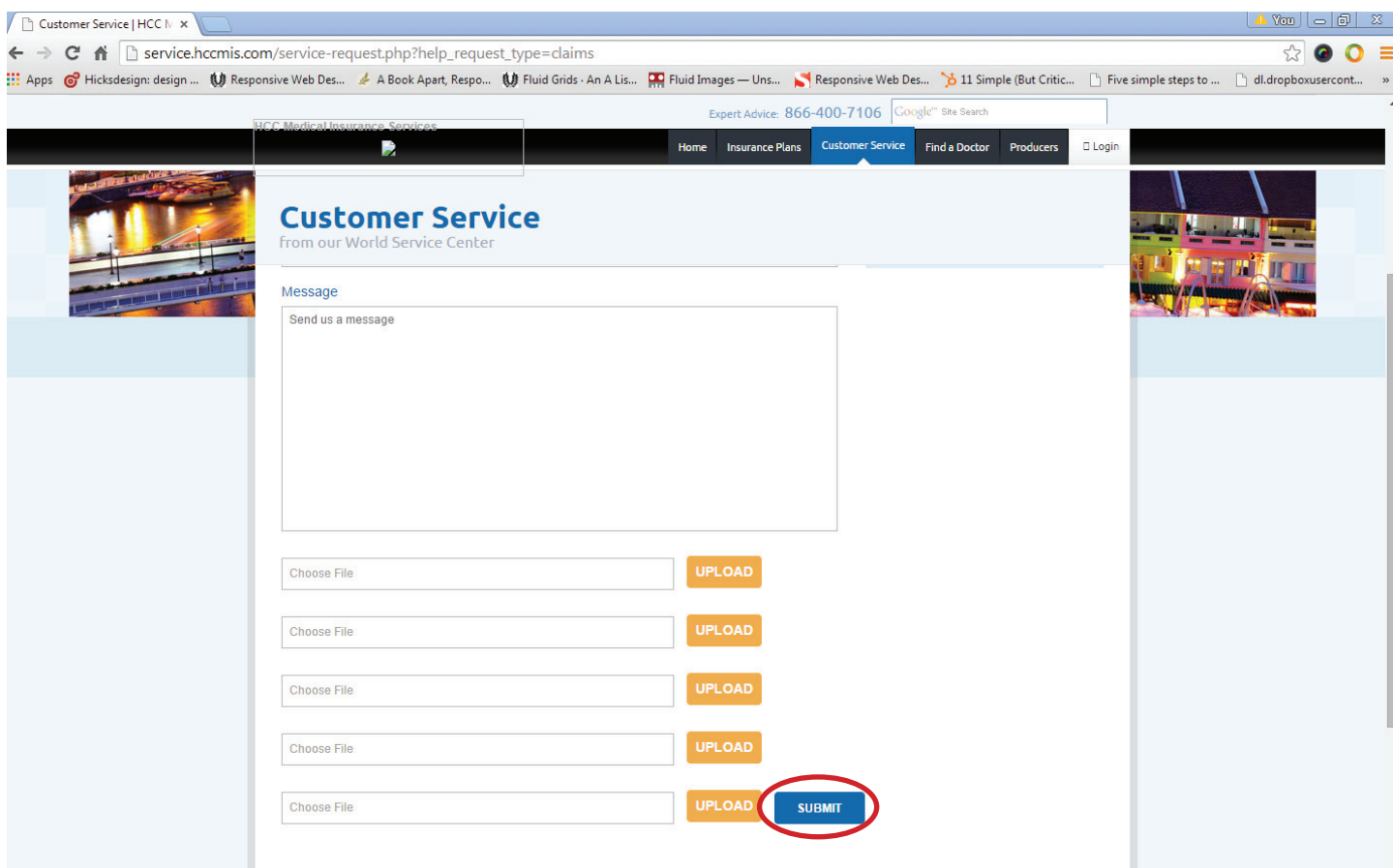
Request information about purchasing a policy.

[Go to Sales](#)

How to Submit a Claim: A Step-by-Step Guide

6. Fill out all information in the claims help request and upload the completed Claimant's Statement from steps 3 and 4.

***Include the Non U.S. Claim Form (from Step 1) if your claim is outside the United States**



The screenshot shows a web browser window with the URL `service.hccmis.com/service-request.php?help_request_type=claims`. The page header includes the HCC Medical Insurance Services logo, a navigation menu with links for Home, Insurance Plans, Customer Service (highlighted), Find a Doctor, and Producers, and a login button. The main content area is titled "Customer Service from our World Service Center" and features a "Message" section with a text input field and a "Send us a message" button. Below this, there are five "Choose File" input fields, each followed by an "UPLOAD" button. At the bottom right of the form, there is a "SUBMIT" button, which is circled in red.

7. Click "submit" at the bottom of the page and your claim has been submitted!

NAVIGATOR
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