FlexTerm℠ Health Insurance

everest™

A+ RATING by AM Best Company

Unexpected illnesses and accidents happen every day, and the resulting medical bills can be disastrous.

FlexTerm Health Insurance helps to protect you from the medical bills that can result from unexpected Injuries and Sickness.

Safeguard your financial future with FlexTerm Health Insurance. It provides the peace of mind and health care access you need at a price you can afford.

- **Plans available up to** 90 days Maximum in Oregon
- **5 minute simple application process**
- **Flexibility to choose your own physician and hospital**
- **Next Day Coverage**

This is Short Term Medical Insurance that does not 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.

*States may vary

Is FlexTerm Health right for you?

VALUABLE HEALTH INSURANCE COVERAGE FOR TIMES OF TRANSITION

Between Jobs
If you're between jobs, consider Short Term Medical. For about half the cost of COBRA*, Short Term Medical offers next-day coverage to help you bridge the insurance gap.

Temporary or Seasonal Employees
When your employment schedule is unpredictable, it's hard to maintain health coverage. Short Term Medical offers you flexible coverage options to suit your situation.

Waiting for Employer Benefits
Often new employers impose a waiting period before you're eligible for health benefits. With Short Term Medical, you stay insured and can choose your own plan duration.

New Graduates
If you've just graduated, you're probably no longer eligible for health insurance through a student plan. Short Term Medical is an affordable way to guard against unexpected medical bills until you secure permanent coverage.

SUMMARY OF COVERAGE

- WELLNESS
- INPATIENT/OUTPATIENT SURGERY
- HOSPITAL BENEFITS
- EMERGENCY ROOM CARE
- OUTPATIENT SERVICES
- X-RAY AND LABORATORY
- TRANSPLANT BENEFITS
- URGENT CARE
- SICKNESS

Next day coverage available. Don't be without Health Insurance!

How Does It Work?

FIRST

YOU PAY A $50 COPAY FOR A PHYSICIAN OFFICE VISIT

OR YOU PAY A $50 COPAY FOR AN ANNUAL ROUTINE PHYSICAL EXAM

THEN

COVER YOUR DEDUCTIBLE OF $1,000, $2,500, $5,000, $7,500, $10,000

Your Deductible is the amount you must pay before FlexTerm Health Insurance pays benefits.

50%/ 50% coinsurance	or	70%/ 30% coinsurance	or	80%/ 20% coinsurance	or	100% coinsurance
You pay 50% of any additional covered charges up to the plan maximum		You pay 30% of any additional covered charges up to the plan maximum		You pay 20% of any additional covered charges up to the plan maximum		We pay 100% of the covered charges up to the plan maximum

AFTER

FlexTerm Health pays all remaining covered charges, up to the Policy Period Maximum

The above diagram is based on the Traditional Plan level of FlexTerm Health Insurance. For an overview of benefits please reference the plan breakdown on the following page.

***Short Term Medical insurance is often a lower-cost alternative to COBRA. However, if you purchase Short Term Medical rather than maintaining COBRA coverage, you may give up your rights to coverage for pre-existing conditions or guaranteed health insurance in the future. Short Term Medical benefits may be limited compared to COBRA coverage.**

FlexTerm℠ Health Insurance

Choose your FlexTerm Health Insurance Plan

Eligible Expenses are subject to your selected Deductible and Coinsurance.

	Traditional Plan
Coinsurance	50/50, 70/30 80/20 or 100/0
Deductible	$1,000, $2,500, $5,000, $7,500 or $10,000
Out-Of-Pocket Maximum	$2,000, $3,000, $4,000, $5,000
Coverage Period Maximum	$250,000, $750,000, $1,000,000 or $1,500,000

Unless specified otherwise, the following benefits are for the Insured and each Covered Dependent subject to the plan Deductible, Coinsurance Percentage, Out-Of-Pocket Maximum and Policy Maximum chosen. Coinsurance does not include Deductibles, Copayments, penalty coinsurance for failure to pre-certify required services or any charges in excess of the Maximum Allowable Expense. Benefits are limited to the Maximum Allowable Expense for each Covered Expense, in addition to any specific limits stated in the policy. All Inpatient Hospitalizations and procedures done at an Outpatient Surgery Facility must be pre-certified.

Doctor Office Consultation	
Copay	$50 Copay
Wellness Benefit Copay	$50 Copay
Inpatient Hospital Services	
Average Standard Room Rate	Average Standard Room Rate
Hospital ICU	Average Standard Room Rate
Doctor Visits	Subject to Deductible and Coinsurance
Outpatient Services	
Outpatient Surgery Deductible	$500 per surgery, maximum 3
Emergency Room - Deductible	$500 per visit, maximum 3
Advanced Diagnostic Studies Deductible	$500 per occurrence
Ambulance Benefit	Injury and Sickness: $250 per transport
Extended Care Facility Benefit	$150 per day, maximum 30 days
Home Health Care Benefit	$50 per visit, maximum 30 days (1 per day)
Physical, Occupational and Speech Therapy Benefit	$50 per day, maximum 20 visits
Mental Disorders	
Inpatient	$100 per day, maximum 31 days
Outpatient	$50 per day, maximum 10 visits
Substance Abuse	
Inpatient	$100 per day, maximum 31 days
Outpatient	$50 per day, maximum 10 visits

This coverage contains a Pre-Existing Condition Exclusion. Pre-Existing Condition means a condition for which a Covered Person received medical treatment, diagnosis, care or advice, including diagnostic tests or medications, during the months prior to the Covered Person's effective date of coverage.
Policy terms, conditions, exclusions and limitations may vary by state. This product may not be available in all states.
Some waiting periods may apply. See Certificate for details.

3 Quick & Simple
Steps to the Short Term Medical Insurance

1 Select Plan/Rate → 2 Complete Application → 3 Post Payment

Coverage can begin as soon as 12:01 a.m. the next day once application is processed and payment is posted.

Decide if Short Term Medical Insurance is right for you

FlexTerm Health Insurance coverage isn't right for everybody. You may want to consider a major medical plan that incorporates full health care reform benefits.

SHORT TERM HEALTH
PAYS FOR

- Unexpected Sickness
- Unexpected Injuries
- Annual Preventive Exam
- Emergency Room
- Hospital Charge
- Urgent Care
- Physician Visits
- Surgery
- Accidents

KNOW WHAT'S NOT COVERED

Knowing exactly what your Short Term Medical Insurance does and does not cover is important. To give you the best possible experience, we offer this summary of what is not covered. Complete details are included in your policy.

- Treatment of a Pre-Existing condition, including those not inquired about on the enrollment form
- Charges for services or supplies in excess of the Maximum Allowable Expense (MAE). MAE means the maximum charge that will be considered as an Eligible Expense will be the lesser of billed charges, the Usual and Customary Fee, the negotiated or contracted discount, the maximum benefit under this Policy, or a percent of the Medicare allowable charge.
- Prescription Drugs, except those administered by a Doctor in a covered Inpatient or Outpatient setting.
- Spinal manipulations or adjustments
- Illness or injury that is self-inflicted or caused while engaged in a felony, under the influence, in military service, in a hazardous occupation or activity, or while engaged in intercollegiate sports
- Vision or dental treatments, foot care or orthotic
- Expenses incurred outside the United States and its possessions
- Genetics or fertility treatment or testing
- Custodial care or private duty nursing
- Cosmetic, experimental, investigational, or non-medically necessary treatment
- Hearing examination or hearing aids
- Maternity
- Benefits for Sicknesses that begin during the Waiting Period, which is 5 days (30 days for cancer) following the Effective Date.
- Charges during the first 6 months after the Effective Date for: Total or partial hysterectomy, unless it is Medically Necessary due to a diagnosis of carcinoma; Tonsillectomy; Adenoidectomy; Repair of deviated nasal septum or any type of surgery involving the sinus; Myringotomy; Tympanotomy; Herniorraphy; or Cholecystectomy.
- Benefits exceeding the specified amounts in the Schedule of Benefits for: Kidney stones; Appendectomy; Joint or tendon Surgery; Knee Injury or disorder; Acquired Immune Deficiency Syndrome (AIDS)/ Human Immuno-deficiency Virus (HIV); or Gallbladder Surgery.

Note: Plan terms, limitations and exclusions may vary by state.

After Your Plan Expires... In Oregon you cannot reapply until 60 days after you contract expires.

This Short Term Medical insurance is nonrenewable, and policy termination is not considered a qualifying life event for purposes of enrolling in a plan. Therefore, depending on your policy's termination date and state laws about reapplying for a new plan, when your FlexTerm Health Insurance expires, you may have a gap in insurance coverage until you can begin coverage with new Short Term Medical Insurance or an ACA or other comprehensive insurance plan. You must re-apply for a new STM policy if you want to remain covered after expiration of your existing policy. Your new plan is not an extension of your current plan. As a result, your deductibles, waiting periods, maximum benefit limits and maximum out-of-pocket obligations will reset under your new policy and any illness or condition you develop under your current policy will be considered a pre-existing condition under your new plan.

Payment Options

Single Payment - If you know the exact length of time you will need this coverage for and prefer to make one single payment for the entire Policy Period, this payment option is ideal. Simply enter the exact total number of days you need coverage (30 day minimum/364 day maximum).

Monthly Payment - If you are unsure how long you will need this coverage or prefer the convenience of making monthly installments, this option is ideal. Each monthly payment is for 30 days of coverage, up to a 364 day maximum Policy Period. If you need this coverage ceased simply stop making payments and your coverage will terminate at the end of the 30 day period.

Payment methods include: automatic bank draft or credit card.

Note: 5 days advance written and signed notice from the Insured Person is required to ensure future premium payments are discontinued.

This FlexTerm Health Insurance Plan does not 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.

Underwritten by Everest Reinsurance Company, rated A+ Superior by the A.M. Best Company (5/7/21). A.M. Best is an independent global rating organization that examines insurance companies and publishes its opinion on their financial strength.

Everest Reinsurance Company, 100 Everest Way, Warren, NJ 07059. Benefits not available in all states at this time. Members can be enrolled only once. Duplicate or multiple memberships are not allowed. Coverage is not provided for members age 65 or over, coverage will terminate at the end of the month insured turns age 65. If coverage is canceled, persons may not re-enroll in coverage with Everest Reinsurance Company until six months after their termination date.

This coverage contains a Pre-Existing Condition Limitation. Pre-Existing Condition means a condition for which a Covered Person received medical treatment, diagnosis, care or advice, including diagnostic tests or medications, during the months prior to the Covered Person's effective date of coverage.

This brochure provides summary information. Please refer to the certificate or ask your agent for a complete listing of benefits, exclusions and terms of coverage.

FlexTerm Health Insurance is administrated by:
InsuranceTPA.com Administrators

A+ RATING by AM Best Company

FlexTerm Health Insurance Plan is the brand name for products underwritten by: Everest Reinsurance Company and it is rated A+ Superior by the A.M. Best Company.

Marketed by: _____

Broker: Dan Neils

Website: www.agapeinsurance.net

Phone: 503-650-4325

Email: danneils@gmail.com

This coverage is not required to comply with certain federal market requirements for health insurance, principally those contained in the Affordable Care Act. Be sure to check your policy carefully to make sure you are aware of any exclusions or limitations regarding coverage of preexisting conditions or health benefits (such as hospitalization, emergency services, maternity care, preventive care, prescription drugs, and mental health and substance use disorder services). Your policy might also have lifetime and/or annual dollar limits on health benefits. If this coverage expires or you lose eligibility for this coverage, you might have to wait until an open enrollment period to get other health insurance coverage. Also, this coverage is not "minimum essential coverage."

FlexTerm Health Insurance | everest | insuranceTPA.com ADMINISTRATORS

FlexTerm℠ Health Insurance | everest™

FAQ Frequently Asked Questions about our short term medical

- **What is Short-term medical insurance?**
  Short-term medical (STM) insurance policies are designed to provide temporary coverage during life's transitions until you can secure an Affordable Care Act (ACA) insurance plan. STM insurance policies are not required to comply with the requirements of the ACA and may have exclusions and limitations not permitted in ACA plans. ACA plans are guaranteed issue, must cover certain "essential health benefits" (EHBs), and you cannot be denied coverage based on pre-existing medical conditions. In contrast, STM insurance requires that you answer a series of medical questions to determine your eligibility, may not cover all EHBs, and does not cover pre-existing conditions. The limitations on benefits and exclusions, including the pre-existing conditions exclusion, likely will result in STM policies having lower insurance premiums than ACA plans and make them a viable option for your health insurance needs. If you have had medical conditions in the past or have current or chronic conditions, you should seek an ACA or other comprehensive insurance plan as soon as you are eligible for enrollment.
- **Why would I want coverage for a short period of time?**
  If you're between jobs, missed Open Enrollment, do not qualify for Special Enrollment, are waiting for a new job or coverage from an ACA plan to start, a recent college graduate, or seasonal employee that needs coverage only for a specific period of time, STM insurance may make sense for you. STM may be the insurance protection you need to transition you to the next period in your life.
- **How soon can my policy start?**
  STM insurance does not have specific enrollment periods so you can apply at any time. You can be covered by a policy as soon as next day if you apply online, meet eligibility criteria and pay using a credit card or automatic bank debit.
- **Can I access my short-term medical benefits right away?**
  Your FlexTerm Health Insurance (FlexTerm)* policy covers accidental injuries occurring on or after the effective date of your policy. Benefits are available under your FlexTerm policy for sicknesses that begin more than five days after your effective date and for cancer that begins more than 30 days after your effective date.**
- **Can I avoid ACA tax penalties buying a short-term medical policy?**
  STM insurance is not "minimum essential coverage" as defined by the ACA. If you do not have "minimum essential coverage," you may have to pay a tax penalty. Consult your tax advisor for more information.
- **Can I renew my short-term medical insurance when my policy ends?**
  Your FlexTerm policy is issued for a specific period of time (up to 364 days)** and is not renewable. You must re-apply for a new STM policy if you want to remain covered after expiration of your existing FlexTerm policy. Your new plan is not an extension of your current plan. As a result, your deductibles, waiting periods, maximum benefit limits and maximum out-of-pocket obligations will reset under your new policy and any illness or condition you develop under your current policy will be considered a pre-existing condition under your new plan.

FAQ

- **Do I have to go to doctors in a network?**
  Your FlexTerm policy does not confine you to a specific network, but it can be advantageous to see doctors and obtain other ancillary services in the PHCS Practitioner Plus Ancillary Network (PHCS Network). When you see doctors in the PHCS Network, you can avoid balance billing*** for services that are covered by your policy.

- **Do I have to go to hospitals or facilities in a network?**
  Your FlexTerm policy does not confine you to a specific network. For care from a hospital or facility, your benefits for eligible expenses under your FlexTerm policy are limited to up to 150% of the rates that Medicare would typically pay your hospital or facility.[1] This information is included on your ID card and you should make sure your hospital or facility provider understands this when seeking services in order to avoid issues later. 150% of the Medicare rate is a fair payment but is often less than what your hospital or facility charges. The maximum benefit provided by your FlexTerm policy may be an amount that is lower than the hospital or facility will accept. If your hospital or facility is not willing to accept this benefit amount, please be aware that you may be balance billed*** for amounts not paid by your insurance.

- **Does this Short Term Medical plan cover prescription drugs?**
  Prescription drug coverage is not a benefit under your FlexTerm policy, unless the drugs are administered during a covered inpatient hospital stay.

- **Are maternity and newborn care covered?**
  Complications of maternity are covered but not standard childbirth services.**

- **Does STM insurance cover dental and vision benefits?**
  No. STM insurance is designed to protect you in the event of an unexpected illness or injury and does not provide dental and vision care coverage. STM policies are for temporary coverage only and therefore do not include some of the benefits that may be offered by ACA plans. In the event you purchase dental, vision or any other insurance or non-insurance coverages from another carrier, such products are not affiliated with your FlexTerm policy.

IMPORTANT BROKER NOTES FROM DAN

In Oregon you can take out a Short Term Medical plan for up to 90 days maximum, and you cannot reapply with the same company without a 60 day break before reapplying.

[1] In the State of Nebraska, all practitioner and ancillary charges as well as facility charges are covered at 150% of Medicare allowable charges – as of February 2021. The PHCS Practitioner and Ancillary network repricing can no longer be used in this state. Therefore, covered persons may be subject to excess charges (otherwise referred to as "balance billing"- see description below).

* FlexTerm Health Insurance is underwritten by Everest Reinsurance Company.
** Terms may vary by state. Consult your policy for complete terms and limitations.
*** Balance billing is when the provider is allowed to bill you for the difference between the amount billed by the provider and the amount allowed under your policy. For example, if your doctor bills $100 for your office visit and only $70 is allowed under your policy, your doctor may hold you responsible for the remaining $30. Similarly, if a hospital bills you $2,500 for a hospital visit and $1,800 is equal to the 150% of Medicare allowable expense maximum under your policy, your hospital may hold you responsible for the remaining $700.

FlexTerm℠ Health Insurance

Value Add

With the PHCS Practitioner and Ancillary network

At no cost, Everest provides all covered persons the benefit of utilizing PHCS physicians through the PHCS Practitioner and Ancillary network, which gives you:

Access and cost savings

Everest's reference-based pricing model helps keep your health coverage costs under control while providing access to a network of physicians you can trust.

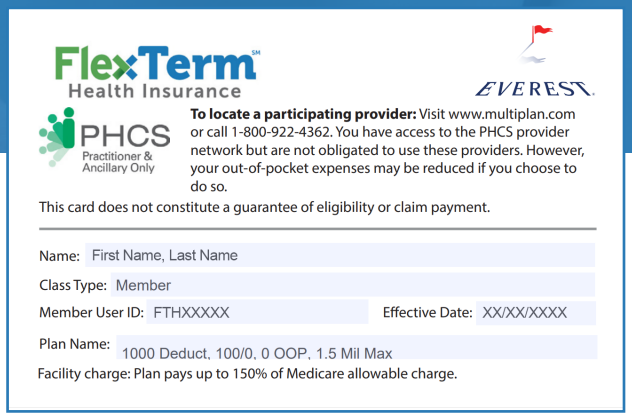
With the PHCS Physicians network you get:

Choice	Broad access to in-network practitioners, the largest primary PPO in the nation. *To locate a participating PHCS physician*: Call 1-800-922-4362 or visit www.multiplan.com and click on the "Find a doctor or hospital here" box under the MEMBERS section*
Savings	Negotiated discounts or contracted pricing resulting in significant cost savings.
Quality	With rigorous criteria and credentialing for providers, you can be assured you are choosing a physician from a high-quality network

How does this help provide value?

You can minimize out-of-pocket expenses for covered services if network practitioners* are used, as this critical value-added benefit eliminates exposure to balance billing of excess charges. Using non-participating practitioners may result in out-of-pocket expenses in excess of the Maximum Allowable Expense (MAE).

FlexTerm℠ Health Insurance



Whether the Everest FlexTerm Health Insurance is filed as an Association Group or an Individual plan, as a covered person you can access the PHCS Practitioner and Ancillary network. Information regarding PHCS is noted on the Everest ID Card (see sample to the right).

Although you have access to the PHCS Practitioner and Ancillary network, you may go to ANY provider to obtain care and services. You are NOT obligated to use these providers as the Everest FlexTerm Health Insurance plan is NOT a network policy.

So why should I use the PHCS Practitionerand Ancillary network?

If a PHCS physician* through the PHCS Practitioner and Ancillary network is utilized, the PHCS contracted/discounted amount is considered the Maximum Allowable Expense (MAE) and the provider cannot balance bill you for charges in excess of the MAE.

If a non-PHCS Practitioner and Ancillary provider is utilized, covered expenses are subject to a "Usual and Customary Fee" review. This review establishes the Maximum Allowable Expense (MAE) and any amount "in excess" of the MAE is your responsibility.

The amount "in excess" of MAE may be billed directly to you – this is called "balance billing". It is important for you to understand utilizing a PHCS Practitioner and Ancillary network provider is a powerful tool to help you control your financial exposure

FlexTerm Health Insurance is available in: AL, AZ, AR, FL, GA, IL, IN, KY, LA, MS, MO, NE, NV, NC, OH OK, OR, SC, SD, TN, TX, VA, WV, WI and WY

*PHCS contracted pricing does not apply to "facility" charges, which are covered up to 150% of Medicare allowable charges. Exception: In the State of Nebraska, practitioner and ancillary charges as well as facility charges are subjected to a "Usual and Customary Fee" review if a non-PHCS provider is utilized. Facility includes, but is not limited to: Accredited Hospital Facility; Extended Care Facility; Nursing Home; Outpatient Surgical Facility – contact your representative for additional details.