THE IHC GROUP

Anthem BlueCross

Interim Coverage

Whatever the reason, an Interim Coverage short-term health plan helps protect you during a coverage gap.

For residents of California

Anthem Blue Cross does not underwrite, insure or administer the insurance plans described in this brochure. The Interim Coverage insurance plans are underwritten by Standard Security Life Insurance Company of New York, a member of The IHC Group. Association membership benefits are provided by Communicating for America,Inc. There is no ownership affiliation between Standard Security Life, Communicating for America or Anthem Blue Cross. This product is not considered to be Minimum Essential Coverage as defined by the Patient Protection and Affordable Care Act (ACA). Interim Coverage is an association plan available to members of Communicating for America, Inc.

Brochure Interim CA 0218

When to consider the Interim Coverage plan:

Missed open enrollment
If you're not able to buy a major medical policy until the next open enrollment period

Newly hired
If your new plan includes a waiting period before benefits begin

Waiting for your health care reform (ACA) plan to become effective?
Whether you purchased your ACA plan through the health insurance marketplace (sometimes called the "Exchange") or purchased it directly from the carrier, Interim Coverage can provide you with coverage until your ACA plan starts.

No matter what reason for the gap, coverage can begin as early as the day after your online application is approved and last up to 90 days. The maximum coverage period available varies by state.

What's covered
All benefits are for each person covered during the coverage period.

Office visit copay	None		
Deductible The selected deductible must be paid by the covered person before coinsurance benefits begin. Family deductible maximum: three times the individual deductible amount	$1,000 $2,500 $5,000		
Coinsurance percentage and out-of-pocket After the deductible has been met, the Interim Coverage 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.	Coinsurance	Stop Loss	Out-of-pocket
	80%	$5,000 $10,000	$1,000 $2,000
	50%	$5,000 $10,000	$2,500 $5,000
Coverage period maximum benefit	$2,000,000		

Interested in short-term coverage?

Contact your broker or sales representative for plan option details.

Family deductible

- When three covered family members each meet their deductible, the deductibles for any remaining covered family members are considered met for the rest of the coverage period.

Coinsurance percentage and out-of-pocket

- Once you meet the deductible and coinsurance out-of-pocket amounts, covered charges within the coverage period are paid at 100 percent, up to the maximum benefit amount.
- Benefit-specific maximums may apply. See below for additional details.
- The out-of-pocket doesn't include the deductible, any precertification penalty amounts or expenses not covered by the plan.

Covered expenses

- All benefits are subject to the selected plan deductible and coinsurance.
- Covered expenses are limited by the usual and reasonable charge as well as any benefit-specific maximum.
- If a benefit-specific maximum doesn't apply to the covered expense, benefits are limited by the coverage-period maximum.
- Benefits may vary based on your state of residence.
- Covered expenses include treatment, services and supplies for:
  - Doctor services for treatment and diagnosis
  - X-ray exams, laboratory tests and analysis
  - Mammography, Pap smear and prostate antigen test (covered at specific age intervals, not subject to the deductible)
  - Emergency room, outpatient hospital surgery or ambulatory surgical center
  - Surgeon services in the hospital or ambulatory surgical center
  - Services when a doctor administers anesthetics up to 20 percent of the primary surgeon's covered charges
  - Assistant surgeon services, up to 20 percent of the primary surgeon's covered charges
  - Surgeon's assistant services, up to 15 percent of the primary surgeon's covered charges
  - Ground ambulance services, up to $500 per occurrence
  - Air ambulance services, up to $1,000 per occurrence
  - Organ, tissue, or bone marrow transplants, up to $150,000 per coverage period
  - Acquired Immune Deficiency Syndrome (AIDS), up to $10,000 per coverage period
  - Blood or blood plasma and their administration, if not replaced
  - Oxygen, casts, non-dental splints, crutches, non-orthodontic braces, radiation and chemotherapy services and equipment rental

Inpatient covered expenses:

- Hospital room and board, doctor visits and general nursing care, up to the usual and reasonable amount billed for a semi-private room or up to 90 percent of the private room billed amount
- Intensive care or specialized care unit, up to three times the amount billed for a semi-private room or three times 90 percent the private room billed amount
- Prescription drugs administered while confined to the hospital

Payments to meet your needs

Interim Coverage offers monthly premium payments using credit card or automatic bank withdrawal.

Who can apply

- You can apply, from ages 18 to 64. In states that require association membership, application for coverage includes enrollment in Communicating for America, Inc.
- Your spouse can apply, from ages 18 to 64.
- Your dependent children up to age 26 can apply. A child-only plan is available for children from ages 2 to 17.

Network discounts

With an Interim plan, you have access to discounted medical services through 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 will help to lower your out-of-pocket costs. At the time of service, simply present your identification card, which will include the network information needed for the provider to correctly process covered billed charges.

You can search for a network provider, doctor or facility at the above websites. When you need care, just present your ID card. Your card has the network information your provider needs to process covered billed charges.

Pre-existing condition

Interim Coverage doesn't provide benefits for any loss caused by, or resulting from, a pre-existing condition. A pre-existing condition is any medical condition or sickness where a provider or doctor recommended or gave you medical advice, care, diagnosis, treatment, consultation or medication within five years immediately before your effective date of coverage. Within the five years right before the coverage, if you have symptoms that would cause a reasonable person to seek diagnosis, care or treatment, this is also considered a pre-existing condition.

Usual and reasonable charge

The usual and reasonable 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 location it is received. With respect to the treatment of medical services, usual and reasonable 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 and reasonable, we may use and subscribe to a standard industry reference source that collects data and makes it available to its member companies.

Right to return period

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

Precertification

Precertification is required at least 10 days before receiving treatment for each inpatient confinement for injury or illness, including chemotherapy or radiation treatment. Emergency admissions must be precertified within 48 hours following the admission, or as soon as reasonably possible. If you don't get precertification, it will result in a benefit reduction of 50 percent. Note: precertification is not a guarantee of benefits.

Continuing coverage

If your need for temporary health insurance continues, most states allow you to apply for another short-term medical plan. Your application is subject to eligibility, underwriting requirements and state availability of the coverage. The next coverage period is a new plan with a new deductible, coinsurance and pre-existing condition limitation.

Coverage ending*

Coverage ends on the earliest date when:

- The premium isn't paid when due
- You enter full-time active duty in the armed forces
- Intentional fraud or material misrepresentation has been made in filing a claim for benefits
- You become eligible for Medicare

A dependent's coverage ends on the earliest date when any of the following events occur:

- Your coverage terminates
- The dependent becomes eligible for Medicare
- The dependent isn't eligible any more

*Additional causes for plan termination may apply. Please refer to the Certificate/Policy for full details.

Exclusions

The following is a partial list of services or charges not covered by Interim Coverage. Check your Certificate/Policy for a full listing.

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.

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

This policy has exclusions, limitations, reduction of benefits and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, call your insurance producer or Anthem.

About Standard Security Life Insurance Company of New York
Standard Security Life was founded in 1958, is domiciled in the State of New York and is 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
The IHC Group is an organization of insurance carriers and marketing and administrative affiliates that has been providing life, health, disability, medical stop-loss and specialty insurance solutions to groups and individuals for over 30 years. Members of The IHC Group include Independence Holding Company (NYSE:IHC), American Independence Corp. (NASDAQ: AMIC), Standard Security Life Insurance Company of New York, Madison National Life Insurance Company, Inc. and Independence American Insurance Company. Each insurance carrier in The IHC Group has a financial strength rating of A- (Excellent) from 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.) For more information about The IHC Group, visit www.ihcgroup.com.

“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.

This brochure provides a brief description of the benefits, exclusions and other provisions of the Policy (certificate/policy form SSL-STM-1104, may vary by state). For complete listings, see the Certificate/Policy.

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

Interim Coverage plans are 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. These products may include a pre-existing condition exclusion provision.

To bridge the gap in your coverage, call your broker or sales representative to find out about the Interim Coverage plan.

THE IHC GROUP