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## OUTLINE OF COVERAGE SHORT-TERM MEDICAL COVERAGE

Policy Form No. A2192 (WV)

Retain this Outline for your records

**A. READ YOUR POLICY CAREFULLY.** This outline of coverage provides a very brief description of the important features of your policy. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth in detail the rights and obligations of both you and your insurance company. It is, therefore, important that you **READ YOUR POLICY CAREFULLY!**

**B. SHORT-TERM MEDICAL COVERAGE.** Policies of this category are designed to provide, to persons insured, coverage for major hospital, medical, and surgical expenses incurred as a result of a covered accident or sickness. Coverage is provided for daily hospital room and board, miscellaneous hospital services, surgical services, anesthesia services, in-hospital medical services and out of hospital care, subject to any deductibles, copayment provisions, or other limitations which may be set forth in the policy. Basic hospital or basic medical insurance coverage is not provided. Coverage is provided for the benefits outlined in paragraph C. The benefits in paragraph C may be limited by paragraph D.

### C. A BRIEF SPECIFIC DESCRIPTION OF COVERED EXPENSES CONTAINED IN THIS POLICY FOR EACH COVERED PERSON:

After the calendar year deductible has been satisfied, the policy will pay:

- 80% of the next \$5,000 of covered expenses in the calendar year; then
- 100% of covered expenses for the remainder of the calendar year.

All benefits are subject to the policy lifetime maximum of \$1,000,000.

*Covered expenses* mean the *usual and customary charges* for the following *medically necessary* services or supplies prescribed or provided by a *physician* for treatment of a covered *injury* or *illness*:

#### Covered Hospital Charges Include:

1. room, board, and general nursing care, not to exceed the semi-private room rate. The most common semi-private room rate will be covered for *confinement* in a private room. If a facility contains only private rooms, coverage will be limited to 90% of the private room rate;
2. *confinement* in an intensive or specialized care unit which provides four or more hours of nursing care per day;a
3. emergency room treatment, services, and supplies; and
4. miscellaneous medical services and supplies provided on an inpatient basis.

#### Covered Treatment Provided by:

1. a *physician* who is not a member of *your immediate family*; and
2. a therapist for diagnosis and *rehabilitative treatment* who is not a member of *your immediate family*.

#### Other Covered Charges Include:

1. outpatient x-ray and laboratory tests;

2. anesthetics and their administration;
3. treatment in an *urgent care facility* licensed to provide such treatment;
4. blood or blood plasma, if not replaced;
5. artificial limbs or eyes;
6. casts, non-dental splints, trusses, crutches or non-orthodontic braces;
7. oxygen and rental of equipment for the administration of oxygen, not to exceed the purchase price of such equipment;
8. *complications of pregnancy*;
9. rental of a wheelchair, *hospital-type* bed, iron lung, or similar durable medical equipment, not to exceed the purchase price of such equipment;
10. local licensed ground ambulance service or air ambulance service within the 48 contiguous states (certified as *medically necessary* by a *physician*) to the nearest *hospital* that *we* determine is qualified to treat the covered *injury* or *illness*;
11. treatment or service in a state approved freestanding *ambulatory surgical center* or *facility*, which is not part of a *hospital*;
12. *prescription medication* for a covered *injury* or *illness*;
13. *dental treatment or care* required as a result of a covered *injury* to sound natural teeth occurring while this *policy* is inforce;
14. open cutting operations to the feet; the removal of all or part of one or more nail roots; and services in connection with the treatment of metabolic or peripheral vascular disease;
15. any charge for cosmetic or reconstructive purposes, or complications of cosmetic procedures, when such service is:
  - incidental to or follows a covered *injury* or *illness* occurring while this *policy* is inforce;
  - to correct a functional physical defect; or
  - performed on a *covered dependent* (19 years of age or less) because of congenital disease or anomaly that resulted in a functional defect as determined by the attending *physician*;
16. up to a maximum of 15 services for spinal manipulation, manual or electrical muscle stimulation, and other manipulative or ultrasound therapy when performed by a *physician*;
17. organ transplants.

Eligible *covered expenses* incurred for an organ transplant are limited to a *lifetime maximum* benefit of \$100,000 per organ per *covered person*. The lifetime maximum for organ transplant is also limited to the total *policy lifetime maximum* of \$1,000,000.

If the organ transplant fails and other transplants of the same organ are needed, only the remaining balance, if any, of the maximum benefit (as determined by the original transplant) will be payable.

This benefit shall include expenses related to the transplant which are incurred by the *covered person* for 30 days before the transplant and for the remainder of term of coverage from the date of the organ transplant for follow-up care, including any complications.

Subject to the maximum organ transplant benefits, *we* will pay:

- up to \$10,000 for costs involved in the procurement of a donor organ including the *hospital* expenses of the donor; and
- for reasonable lodging and transportation expenses for the *covered person* receiving the transplant and one companion, up to a maximum of \$5,000 per transplant (for both travelers), if a transplant center more than 100 miles from the *covered person's* residence is used. The lodging and transportation expenses must be incurred in conjunction with necessary travel to the transplant center to receive (1) an evaluation prior to the transplant, (2) the actual organ transplant, and/or (3) follow-up care immediately after the transplant.

This *policy* does not cover organ transplants which:

- are animal to human transplants;
- use artificial and/or mechanical organs;
- are *experimental, investigational or unproven*; or
- are not generally accepted by the medical community as an effective treatment for a covered *injury* or *illness*;

18. *home health care*. This benefit will cover up to 40 *home health care visits* in each *term of coverage*, not to exceed the *usual and customary* weekly cost for care in a *skilled nursing facility*. *Covered expenses* include:

- part-time or intermittent home nursing care by, or under the direction of, a graduate registered nurse (RN);
- part-time or intermittent home health aide services that consist only of care for the *covered person*, and which are *medically necessary*, as part of the *home health care* plan. The services must be under the direction of a graduate registered nurse (RN) or medical social worker;
- physical, respiratory, occupational, or speech therapy performed for *rehabilitative treatment*;
- nutrition counseling provided by or under the direction of a registered dietitian as part of the *home health care* plan; or
- the evaluation of the need for, and development of, a plan by a *physician*, graduate registered nurse (RN), or medical social worker. Such services must be requested by the *physician* and approved by *us*. Review of *medical necessity* may be periodically required.

*Home health care* services must be:

- provided in lieu of *confinement* in a *hospital* or *skilled nursing facility* which would otherwise be *medically necessary*; and
- provided or coordinated by a state licensed or *Medicare* certified *home health care* agency or certified rehabilitation agency;

19. *hospice care*. This benefit will cover charges incurred for the term of the *policy*, limited by a *lifetime maximum* benefit of \$5,000 per *covered person*. *Covered expenses* include charges incurred for the following *hospice* services:

- part-time intermittent home nursing care by, or under the direction of, a graduate registered nurse (RN);
- physical, respiratory, occupational, or speech therapy;
- nutrition counseling provided by or under the direction of a registered dietitian as part of the active *hospice* management plan; and
- counseling services by a licensed clinical social worker, pastoral counselor, or counselor for an *immediate family member*, the primary care giver and individuals with significant personal ties to a *covered person* who is terminally ill.

*Hospice* services must be:

- under active management through a *hospice* which is responsible for coordinating all *hospice* care services;

- provided only if the *physician* submits written certification to *us* that the insured is terminally ill with a life expectancy of six months or less. Review of *medical necessity* may be periodically required.

This *policy* does not cover *hospice* benefits that include the services of volunteers or persons who do not regularly charge for their services.

This benefit is subject to the *deductible, coinsurance* and *lifetime maximum* of this *policy*. *Policy* limitations and exclusions also apply;

20. low dose mammography as follows:
- Age 35-39 — a single baseline mammography;
  - Age 40-49 — every two years or more frequently as recommended by a *physician*;
  - Age 50 and older — yearly;
21. *emergency* treatment received outside of the United States;
22. a pap smear annually or more frequently for covered women age 18 and older, based on a *physician's* recommendation. This benefit is subject to the deductible and coinsurance of this *policy*.
23. equipment and supplies for the treatment and/or management of diabetes for both insulin dependent and non-insulin dependent covered persons with diabetes and those with gestational diabetes, if medically necessary because of the diabetic condition and either prescribed by a licensed *physician* or upon written order by a licensed *physician*;
- urine ketone testing strips;
  - urine microalbumin tests;
  - blood pressure monitoring device;
  - podiatric appliances and therapeutic footwear; and
  - orthopedic appliances including canes, crutches and walkers.

Coverage for self-management education and education relating to diet and prescribed by a licensed *physician* limited to:

- visits medically necessary upon the diagnosis of diabetes;
- visits under circumstances whereby a *physician* identifies or diagnoses a significant change in the patient's symptoms or conditions that necessitates changes in a patient's self-management; and
- where a new medication or therapeutic process relating to the person's treatment and/or management of diabetes has been identified as medically necessary by a licensed *physician*.

Coverage for reeducation or refresher education is limited to one hundred dollars annually.

Self-management education may be provided by:

- the *physician* as part of an office visit for diabetes diagnosis or treatment, or
- by a certified diabetes educator certified by a national diabetes educator certification program, or
- a registered dietitian registered by a nationally recognized professional association of dietitians upon the referral of a *physician* provided:
  - that such national diabetes education certification program or nationally recognized professional association of dietitians has been certified to the commissioner of insurance by the commissioner of the bureau of public health; and

24. expenses for rehabilitation services which are designed to remediate the patient's condition or restore patients to the optimal physical, medical, psychological, social, emotional, vocational and economic status. Rehabilitative services include by illustration and not limitation diagnostic testing,

assessment, monitoring or treatment of the following conditions individually or in a combination:

- stroke;
- spinal cord injury;
- congenital deformity;
- amputation;
- major multiple trauma;
- fracture of femur;
- brain injury;
- polyarthritis, including rheumatoid arthritis;
- neurological disorders, including, but not limited to, multiple sclerosis, motor neuron diseases, polyneuropathy, muscular dystrophy and Parkinson's disease;
- cardiac disorders, including, but not limited to, acute myocardial infarction, angina pectoris, coronary arterial insufficiency, angioplasty, heart transplantation, chronic arrhythmias, congestive heart failure, valvular heart disease;
- burns. Rehabilitation services do not include services for mental health, chemical dependency, vocational rehabilitation, long-term maintenance or custodial services.

Rehabilitation Services include care rendered by the following:

- a hospital duly licensed by the state of West Virginia that meets the requirements for rehabilitation hospitals as described in Section 2803.2 of the Medicare Provider Reimbursement Manual, Part I, as published by the H.S. Health Care Financing Administration;
- a district part rehabilitation unit in a hospital duly licensed by the state of West Virginia. The district part unit must meet the requirements of Section 2803.61 of the Medicare Provider Reimbursement Manual, Part I, as published by the U.S. Health Care Financing Administration;
- a hospital duly licensed by the state of West Virginia which meets the requirements for cardiac rehabilitation as described in Section 35-25. Transmittal 41, dated August, 1989, as promulgated by the U.S. Health Care Financing Administration.

#### **D. EXCLUSIONS — Applicable to all policy benefits:**

##### **This Policy Does Not Cover:**

1. *preexisting conditions*, except as specifically provided for in this *policy*;
2. expenses incurred before the *policy date* of this *policy*;
3. expenses incurred after this *policy* terminates, regardless of when the condition originated;
4. expenses incurred to treat complications resulting from treatment or conditions which are not covered under this *policy*;
5. *experimental, investigational, or unproven* services;
6. expenses determined by *us* to be educational, except as specifically provided in this *policy*;
7. amounts in excess of the *usual and customary charges* made for services or supplies covered under this *policy*;
8. expenses *you, your covered spouse, or your covered dependent* are not required to pay, which are covered by other insurance, or which would not have been billed if no insurance existed;
9. charges that are eligible for payment by Medicare or any other government program except Medicaid;
10. care in government institutions unless *you* are obligated to pay for such care;
11. expenses which are payable under workers' compensation or employers' liability laws;
12. expenses which are payable under any motor vehicle insurance policy;
13. treatment received outside of the United States except as specifically provided for in this *policy*;
14. charges incurred by a *covered person* while on active duty in the Armed Services. Upon written notice to *us* of entry into such active duty, the unused *premium* will be returned to *you* on a pro-rated basis;
15. expenses resulting from a declared or undeclared war, or from voluntary participation in a riot or insurrection;
16. expenses incurred while engaging in an illegal act or occupation or during the commission, or the attempted commission, of a felony;
17. pregnancy or childbirth, except for *complications of pregnancy*;
18. charges incurred for voluntary termination of pregnancy;
19. any drug, including birth control pills, supply, treatment or procedure that prevents conception and/or childbirth;
20. diagnosis and treatment of infertility, including but not limited to any attempt to induce fertilization by any method other than by natural means. This *policy* does not cover in vitro fertilization, artificial insemination or similar procedures whether the *covered person* is the donor, recipient or surrogate;
21. expenses for sterilization, myringotomy, tympanotomy (tubes in ears), tonsillectomy, or adenoidectomy;
22. services, supplies or treatment related to sex transformation or reversal of sterilization; nor for sex dysfunction or inadequacies;
23. routine newborn expenses except as specifically provided for in this *policy*;
24. physical exams or other services or supplies not needed for medical treatment, except as specifically provided for in this *policy*;
25. *prophylactic treatment*, including surgery or diagnostic testing, except as specifically provided for in this *policy*;
26. *nervous or mental disorders* including , but not limited to, neurosis, psychoneurosis, psychopathy, psychosis, attention deficit disorder, or mental or emotional disease or disorder of any kind;
27. treatment of alcoholism;
28. treatment of chemical dependency, substance abuse and/or drug addiction;
29. expenses incurred for treatment of *injury or illness* occurring while under the influence of alcohol, illegal drugs, and/or hallucinogenics;
30. *injury or illness* sustained by voluntary use of illegal drugs or hallucinogenics;
31. programs, treatment, or procedures for tobacco use cessation;
32. expenses resulting from suicide or attempted suicide, whether sane or insane;
33. expenses resulting from intentional self-inflicted *injury*;
34. dental treatment or care, except as specifically provided in this *policy*;
35. orthodontia or other treatment involving the teeth and supporting structures;
36. radial keratotomy or correction of refractive error; eye refractions; vision therapy; routine vision exams to assess the initial need for, or changes to prescription eyeglasses or contact lenses; the purchase, fitting or adjustment of eyeglasses or contact lenses; frames or contact lenses for the treatment of aphakia;
37. routine hearing exams to assess the need for or change to hearing aids; the purchase, fittings or adjustments of hearing aids;
38. cosmetic or reconstructive procedures, services or supplies except as specifically provided for in this *policy*;
39. charges for breast reduction or augmentation or complications arising from these procedures;
40. medications and drugs, including vitamins and vitamin mineral supplements, available over-the-counter (OTC) whether or not by a *physician's* prescription order;
41. any drug or other item used for the treatment of hair loss;
42. treatment by spinal manipulation, manual or electrical muscle stimulation, and other manipulative or ultrasound therapy,

- except as specifically provided for in this *policy*;
43. treatment of weak, strained, flat, unstable, or unbalanced feet, metatarsalgia, bunions or the removal of one or more corns, calluses or toenails unless specifically provided for in this *policy*;
  44. charges for blood or blood plasma that has been replaced;
  45. treatment of autism;
  46. treatment of acne;
  47. weight loss programs, diets, or treatment of obesity;
  48. transportation charges, except as specifically provided in this *policy*;
  49. rest and/or recuperation cures or care in an extended care facility, convalescent nursing home, *skilled nursing facility*, or home for the aged, whether or not part of a hospital, unless specifically provided for in this *policy*;
  50. services or supplies for personal comfort or convenience, including *custodial care* or homemaker services, except as specifically provided for in this *policy*; or
  51. services and/or supplies furnished and/or provided by a member of your *immediate family*.

**Preexisting Conditions Limitation**

Expenses incurred for a preexisting condition, except as specifically provided for in this policy shall not be covered.

A condition is preexisting if the covered person:

- experienced symptoms within a two-year period preceding

the covered person's policy date of coverage which would have caused an ordinarily, prudent person to seek diagnosis, care or treatment;

- took prescription medication for the condition or symptom within a two-year period preceding the covered person's policy date of coverage; or
- experienced a condition for which medical advice or treatment was recommended by a physician, or received from a physician, within a two-year period preceding the covered person's policy date of coverage.

A pregnancy is a preexisting condition if the covered person is pregnant as of the covered person's policy date of coverage, unless this policy is issued on a guarantee-issue basis under federal and state law.

**Cancellation by Insured**

The insured may cancel this policy at any time by written notice delivered or mailed to the insurer, effective upon receipt of such notice or on such late date as may be specified in such notice. In the event of cancellation or death of the insured, the insured will promptly return the unearned portion of any premium paid. The earned premium shall be computed by the use of the short-rate table last filed with the state official having supervision of insurance in the state where the insured resided when the policy was issued. Cancellation shall be without prejudice to any claim originating prior to the effective date of cancellation.

**E. RENEWABILITY OF THIS POLICY**

This policy is issued for a term period of either 1, 2, 3, 4, 5, or 6 months. It may not be renewed.

*Policy Term:*     1 month     2 months     3 months     4 months     5 months     6 months

**F. PREMIUM**

The single premium for this policy is \$ \_\_\_\_\_ payable once. It will not change while this policy is in force.

Signature of Agent preparing proposal \_\_\_\_\_

Address \_\_\_\_\_

Date \_\_\_\_\_

**KEEP THIS FORM FOR YOUR RECORDS.**

*This outline provides a brief description of the important facts about Short-Term Medical Coverage. The policy itself, however, sets forth in detail the rights and obligations of both you and World Insurance Company. The policy approved in your state also may have specific provisions that may vary from the standard version. PLEASE READ YOUR POLICY CAREFULLY.*