

SPORTS MAJOR MEDICAL

Health Insurance





Choice of Deductible

\$1,000, \$1,500, \$2,500, \$5,000, or \$10,000

Maximum Benefit

Up to \$250,000

Description of Policy Benefits

The insurance being described is a temporary major medical insurance plan. Eligible expenses caused by an illness or injury and incurred from any doctor or any hospital within a specified geographic area will be reimbursed to you. Benefits may be assignable directly to the providers once a claim has been reviewed and completed.

Eligible Expenses

Hospital Expenses: All medically necessary expenses while hospitalized.

Physician Services: All medically necessary expenses for treatment.

Skilled Nursing Facilities: All medically necessary expenses if confinement begins following a medically necessary hospital confinement of 3 days or longer.

Home Health Care: All medically necessary expenses if hospitalization would have been required if Home Health Care was not provided and the care is provided in accordance with a written plan established, approved and followed by a physician.

Ambulance Services Expenses: To and from a hospital within 100 miles in the same geographic area.

Medical Evacuation: All medically necessary expenses for stabilization and transportation to the facility nearest your home, which can provide the appropriate care up to \$250,000.

Repatriation of Remains: In the event of death, Underwriters will reimburse the cost of delivery of your remains to a mortuary nearest your home up to \$250,000.

Prescription Drugs: Outpatient prescription medications covered up to a maximum of \$500.





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	rance			Producer #:			
Applicant's Name:	First		Middle	Last			
Date of Birth:	/	/_	Height:	Weight:		Sex: Male Fema	
Citizenship:							
Residence Address:							
	City		State	Zip Code	!		
E-mail:			_				
Requested Start Date:			Requested Expir				
Deductible Amount:	1,000	1,500	2,500	5,000	10,000		
			DECLARATION				
I declare that the above form the basis of the cor is a temporary insurance of insurance is only avai conditions of this produ I also understand that si are not covered by this p	ntract should the ir e policy designed t lable at the option ct. nce this is a tempo	nsurance be effected o reimburse the ins of the underwriter	d and any misstatement ured person for medical and is subject to a new p	s above may be grounds expenses incurred duri ore-existing condition ex	for rescission. ng the policy pe xclusion. I unde	I understand that this eriod and a new period	
Proposed Insured			Signature		D	ate	
Parent/Guardian Signa	ture (If applicant i	s under age 18)			[Date	

Pre-existing Conditions Limitations

Pre-existing Condition means a condition caused or contributed to by a Sickness or Injury for which medical advice, diagnosis, care or treatment, including the use of prescription medication including but not limited to ongoing conditions(s), was recommended by or received from a licensed health care practitioner, and/or any symptom(s) and/or any condition(s) which would have caused a reasonably prudent person to seek medical attention during the twelve (12) months immediately preceding the Effective Date of the insurance described in this Certificate, whether disclosed or not on Your application or online enrollment.

Limitations

- Individuals over age 59, services and supplies for Cardiac Related Conditions and Cancer Related Conditions are limited to either (i) the medical
 costs of stabilizing your condition and the transportation costs of returning you to your Home Country or (ii) a maximum reimbursement for
 Eligible Expenses of \$25,000, at the option of Underwriters.
- 2. The maximum Eligible Expense for Repatriation of Remains or Global Medical Transportation is \$250,000 in the aggregate.
- 3. The maximum Eligible Expense for room and board charges for an intensive care unit is three times the Provider's semi-private room.
- 4. The maximum Eligible Expense for outpatient prescription medication(s) is \$500.00 in the aggregate and for a maximum prescribed period of ninety (90) days for any one prescription.
- 5. Insured age 75-79 is limited to \$100,000 maximum benefit or as shown on the Schedule of Benefits page, whichever is the least. All other terms and conditions apply. Insured age 80-84 is limited to \$50,000 maximum benefit or as shown on the Schedule of Benefits page, whichever is the least. All other terms and conditions apply.
- 6. You may only receive benefits from one Sports Major Medical Certificate issued by Petersen International Underwriters during a specific Term of Insurance. In the event of overlapping Sports Major Medical Certificates issued by Petersen International Underwriters, the Certificate with the earlier Effective Date will be the only Certificate with available benefits during the overlapping Term of Insurance.

Exclusions

1. Any expense which You are not legally obligated to pay. 2. Services which are not Medically Necessary or are not furnished by and under supervision of a Physician. 3. Expenses for services and supplies for which You are entitled to benefits, services or reimbursement through the Veterans' Administration, Workers' Compensation insurance, any private health plan or from any other source except Medicaid. 4. Expenses in excess of UCR. 5. Intentional self-inflicted injuries while sane or insane. 6. Treatment for alcoholism, drug addiction, allergies, and/or Mental or Nervous Disorders and all related symptoms and side effects. 7. Rest cures, quarantine or isolation. 8. Cosmetic surgery unless necessitated by an accidental Injury. 9. Dental exams, dental x-rays and general dental care except as a result of an accidental Injury. 10. Eye glasses or eye examinations. 11. Hearing aids or hearing examinations. 12. General or routine examinations. 13. Any expense related to physiotherapy. 14. Any expense arising from or related to locker room and/or on-site treatment during training and/or an event. 15. Pregnancy and pregnancy-related conditions including but not limited to fertility, pre-natal care, childbirth, miscarriage, abortion or postpartum conditions. 16. Injuries or Sicknesses due to War or any act of War whether declared or undeclared. 17. Injuries or Sicknesses due to Terrorism or Act of Terrorism whether declared or undeclared. 18. Injuries or Sicknesses due to an Act of Terrorism involving the use or release of any nuclear weapon or device or chemical or biological agent, regardless of any contributory cause(s). 19. Injuries or Sicknesses sustained while committing a criminal or felonious act. 20. Expenses incurred for or resulting from pain which is not supported by medical diagnosis. 21. Cataract surgery. 22. Any elective surgery, including but not limited to complications of previous elective or cosmetic surgeries. 23. Custodial Care. 24. Expenses for supplies and services that were not incurred within t

Important Notice

Important Notice regarding the Patient Protection and Affordable Care Act:

This insurance is not subject to, and does not provide certain of the insurance benefits required by, the United States' Patient Protection and Affordable Care Act ('ACA'). This insurance does not provide, and Insurers do not intend to provide, minimum essential coverage under ACA. In no event will benefits be provided in excess of those specified in the contract documents. This insurance is not subject to guaranteed issuance or renewability other than as specified in the policy. ACA requires certain US citizens and US residents to obtain ACA compliant health insurance coverage. In some circumstances penalties maybe imposed on persons who do not maintain ACA-compliant coverage. You should consult your attorney or tax professional to determine if ACA's requirements are applicable to you.



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This plan is not compliant with the Affordable Care Act

This is not intended to be a complete outline of coverage. Actual wording may change without notice.

Underwriters reserve the right to modify terms and benefits at time of underwriting.

