



Short Term Medical A Nice Arrangement!



Few things can compare to a convenient, consistent and credible arrangement. However, this is exactly what you'll get when you have a Short Term Medical policy with us at Blue Cross Blue Shield of Georgia (BCBSGa)!

In fact, many people say we're:

- **Convenient** because we give you access to every doctor and hospital in Georgia. And, you'll pay less if you go to a doctor or hospital in our PPO or Participating (PAR) networks!
- **Consistent** because you can always call us to help you with your health care concerns.
- **Credible** because we've been the top choice in health care solutions for Georgians since 1937 — thanks to people like you!

Terms You Need to Know When You're In This Arrangement

We know you'll see these words throughout this booklet, so we thought we'd let you know what they mean!

Coinsurance: Coinsurance is an arrangement where you pay a fixed percentage of the cost of medical care after the deductible is paid.

Copay: A copay is a specified amount of money you pay at the time you receive health care services (we pay the remainder).

A copay is similar to coinsurance, except coinsurance is usually a percentage of certain charges while a copay is a fixed dollar amount. For example, we allow a \$150 copay for emergency room (ER) visits. So, if you visit an ER, you'll have to pay the \$150 copay.

A Good Match

Admit it, when you consider entering into an arrangement, you begin to wonder if you're making the right decision and if it's going to be a good match, don't you? Well, there's no need to wonder anymore because we're a great match for you if you're:

- Between jobs
- Waiting for permanent coverage from us through one of our Individual/Family plans or through employer-sponsored coverage
- A temporary, part-time or seasonal employee
- A dependent who is no longer covered by a parent's plan

In fact, we'll take it a step further by letting you know we'd like to enter into an arrangement with you if you're:

- Medically eligible
- At least 30 days old, not older than age 64 and aren't eligible for medicare
- A Georgia resident

More Terms You Need to Know

Deductible: This is the amount you (the insured person) must pay before your health care plan pays for covered services.

The deductible is usually a set amount. For example, a health care plan might require you to pay the first \$500 during a calendar year before the health care plan begins paying for covered services.

PPO Provider: A health care professional or facility that has negotiated special contracts with us and is part of our Preferred Provider Organization (PPO) network.

PAR Provider: A health care professional or facility that might not participate in our PPO network, however they're agreed to perform services at a discounted rate as part of our Participating Provider (PAR) network.

Premium: This is the periodic cost of your insurance policy.

Total disability: This is a condition that is the direct result from a disease or injury. As a result, you aren't able to perform the major duties of your job and you can't work for wages or profit.

Checklist of Covered Services You Get With This Arrangement

Outpatient Hospital Care

- Emergency care for injuries
- Medical emergencies
- Pre-admission testing
- Surgery
- Diagnostic services
- Certain therapy services

Inpatient Hospital Care

- Semi-private room/board and intensive care
- Operating and recovery rooms/supplies
- Prescribed drugs, injections and solutions
- Blood
- Miscellaneous services/supplies
- Diagnostic services

Physician Care

- Inpatient medical care
- Physician office visits
- Preventive care for adults/children
- Surgical services
- Surgical assistant (inpatient only)
- Anesthesia services
- Consultation services
- Diagnostic services
- Certain therapy services

Other Providers of Care

- Home health agency (up to 40 visits)
- Ambulatory surgical center
- Skilled nursing facility (up to 30 days)

Other Services/Supplies

- Prescription drugs
- Prosthetic appliances

Finding Out About Each Other

In the beginning of an arrangement, you want to know all you can about the other party. And, that's why we thought we'd give you some details about what life is like when you're in an arrangement with us!

Highlights

First off, we want you to know we're flexible! In fact, you may purchase coverage from 30 days up to 180 days (in 30-day increments). You may pay your premiums up front or in 30-day increments. And, if you decide this is an arrangement you want to extend a little while longer (after your initial benefits expire), you can reapply for additional coverage for up to 180 days.

(Please note: If you decide to reapply and you're approved, you'll be assigned a brand new member ID number. If you have two consecutive policies, you must wait one year before you can apply for a third Short Term Medical policy.)

This arrangement also gives you:

- Coverage: As early as the next day!
- Coinsurance: When your deductible is met, we pay 80 percent of the eligible charges. And, once your out-of-pocket maximum of \$2,000 is met, we're responsible for 100 percent of any additional eligible charges.
- Deductible options: \$500, \$1,000 and \$2,500
- A lifetime maximum of \$5,000,000
- An extension of benefits for total disability
- \$150 copay per emergency room visit
- Prescription drug coverage
- Inpatient and outpatient care
- The freedom to choose the doctor(s) and hospital(s) your heart desires

If your application for permanent Individual or Family coverage with us is approved while you have our Short Term Medical coverage, then all of your unused Short Term Medical premium will be applied to your permanent policy.

The Beginning of a True “Blue” Arrangement

We offer two easy ways for you to get this arrangement started. You can mail or fax your information to us.

MAIL You can send your completed application and your first 30-day payment to us at:

Blue Cross Blue Shield of Georgia
Mail Code GAG003-0002
3350 Peachtree Rd, NE
Atlanta, GA 30326

Please remember to include a check or your credit card information on the application.

FAX You may fax your application to us at (404) 682-3237. If we receive your application by 1 p.m. Eastern Time (ET), your coverage becomes effective by 12:01 a.m. ET the following day. (And remember, in order for us to accept your faxed application, your credit card information must be complete and legible.)

Need More Than 30 Days?

If you choose more than 30 days of coverage on your application, then you're required to select a subsequent payment option.

If you don't let us know how you'll make the additional payments on your application, then your application isn't complete. And, this means we have to delay the start of our arrangement with you.



What Is Included To Complete Your Application Process?

If you follow these four easy steps, then your application will be properly completed:

1. Complete the application
2. Include a check or your credit card information for the initial 30 days of coverage
3. If you select more than 30 days of coverage, let us know how the additional payments will be made (either via a draft from your checking account or as a debit on your credit card. Make sure you include the credit card information on your application.)
4. Mail/fax your application to us

Making It Official!

The good news is once we receive your properly completed application (one that includes the correct initial and subsequent payment information) our arrangement officially begins at 12:01 a.m. ET the day after we receive your application, or on the future effective date you request.

Canceling Your Policy Early

If you'd like to cancel your arrangement with us, it's really easy. Just call our customer care department at (800) 718-8831 at least seven days before your next due date so we can stop the electronic funds transfer (EFT) or the charge on your credit card. However, please keep in mind that premiums aren't refunded, except in the event of your death or during your 10-day free look. (In case you didn't know, the "10-day free look" is a Georgia Department of Insurance law that gives you the first 10 days of coverage to use to change your mind. If you decide to cancel during these 10 days, we will refund your full premium.)

Monthly (30-day) Short Term Medical Policy Rates

Rates Effective as of January 1, 2007:

AGE	\$500 DED	\$1000 DED	\$2500 DED
	80% COINSURANCE MALE OR FEMALE	80% COINSURANCE MALE OR FEMALE	80% COINSURANCE MALE OR FEMALE
0-19	\$ 85.09	\$ 62.33	\$ 49.15
20-24	89.14	65.29	51.49
25-29	78.76	57.68	45.49
30-34	85.72	62.78	49.51
35-39	99.07	72.56	57.23
40-44	115.70	84.75	66.83
45-49	156.65	114.73	90.48
50-54	187.42	137.27	108.26
55-59	245.04	179.48	141.54
60-64	333.66	244.39	192.73
65+	N/A	N/A	N/A

Height and Weight Guidelines:

Adult Female Age 18 - 64

HEIGHT	MAX WEIGHT	HEIGHT	MAX WEIGHT	HEIGHT	MAX WEIGHT
4'0"	122	5'0"	196	6'0"	257
4'1"	126	5'1"	199	6'1"	273
4'2"	132	5'2"	202	6'2"	281
4'3"	138	5'3"	207	6'3"	291
4'4"	142	5'4"	211	6'4"	298
4'5"	149	5'5"	215	6'5"	307
5'0"	154	5'6"	219	6'6"	314
5'1"	161	5'7"	229		
5'2"	166	5'8"	235		
5'3"	172	5'9"	241		
5'4"	189	5'10"	246		
5'5"	193	5'11"	252		

Height and Weight Guidelines:

Adult Male Age 18 - 64

HEIGHT	MAX WEIGHT	HEIGHT	MAX WEIGHT	HEIGHT	MAX WEIGHT
4'6"	158	5'6"	230	6'6"	322
4'7"	165	5'7"	234	6'7"	332
4'8"	170	5'8"	249	6'8"	338
4'9"	177	5'9"	256	6'9"	349
4'10"	182	5'10"	262	6'10"	355
4'11"	189	5'11"	270	6'11"	366
5'0"	195	6'0"	277	7'0"	374
5'1"	202	6'1"	285	7'1"	384
5'2"	215	6'2"	292	7'2"	391
5'3"	218	6'3"	300	7'3"	401
5'4"	222	6'4"	307		
5'5"	226	6'5"	316		

A Few Things That Won't Work In This Arrangement

As you probably know, there are deal breakers in just about every arrangement. And, when you have our Short Term Medical coverage, please remember, you won't receive coverage for any illness, injury or other condition where medical advice, diagnosis, care or treatment was recommended or received during the last five years before the effective date of coverage.

In addition, you must meet certain medical underwriting requirements in order for us to give you the coverage you desire.

Want More Of A Good Thing?

Our Short Term Medical policy isn't renewable. But, if your temporary medical needs last longer than your initial policy period, then you have the option to apply for a new policy if:

- No claims were incurred under one of your previous Short Term Medical policies
- There is no significant change in your health

Please keep in mind the following:



- There isn't continuous coverage between policies; so, your new policy won't provide benefits for any condition or symptom that began during a previous policy or during the five years before the effective date of coverage.
- No benefits are available for any period where you aren't covered by our Short Term Medical policy.

If you want an additional policy, you need to complete a new application. If we approve the new application, we'll send you a new policy. And remember, if you receive two consecutive policies, you must wait one year before you can apply for a third.

This booklet isn't your Contract. You'll receive a disclosure of all benefits, exclusions and limitations in your Contract after your application is approved.

Your Contract does not provide benefits for:

maternity services · hospice care · organ transplants, except following an accident or injury · care, supplies or equipment not medically necessary, as determined by BCBSGa, for the treatment of an injury or illness · services rendered or supplies provided before coverage begins, i.e., before a member's effective date, or after coverage ends · care for any condition or injury recognized or allowed as a compensable loss through any workers' compensation, occupational disease or similar law · expenses resulting from a declared or undeclared war, or from voluntary participation in a riot or insurrection · shoe inserts, orthotics and orthopedic shoes · preventive care of corns, bunions (except capsular or related surgery), calluses, toe nails, flat feet, fallen arches, weak feet, chronic foot strain or asymptomatic complaints related to the feet · vision care services and supplies · routine physical examinations, screening procedures, and immunizations necessitated by employment, foreign travel or participation in school athletic programs, recreational camps or retreats, which are not called for by known symptoms, illness or Injury except those which may be specifically listed as covered in the contract · some durable medical equipment as listed in the contract · prosthetic devices as listed in the contract · custodial care, domiciliary care rest cures, or travel expenses · services provided by a rest home, a home for the aged, a nursing home or any similar facility · services provided by a skilled nursing facility, except as specifically stated as covered services · care, supplies or equipment not medically necessary for the treatment of injury or illness · cosmetic surgery · complications of non-covered procedures · dental care, treatment and oral surgery · any services or supplies for the treatment of obesity and eating disorders, including but not limited bariatric services, bariatric surgery (e.g. gastric bypass or vertically banded gastroplasty, liposuction, gastric balloons, jejunal bypass and wiring of the jaw.) · any drugs, supplies, treatments, devices or procedures related to sex transformation or reversal thereof, sexual dysfunctions, penile implants or sexual inadequacies · transportation provided by other than a state licensed Professional Ambulance Service, and ambulance service other than in a medical emergency · any expense related to hair loss except when necessitated by disease · treatments, procedures, equipment, drugs, devices or supplies (hereafter called "services") which are, in BCBSGa's

judgment experimental or investigational for the diagnosis for which the member is being treated · services rendered by a Provider who is a close relative or member of your household · radial keratotomy and surgery, services or supplies for the surgical correction of nearsightedness and/or astigmatism or any other correction of vision due to a refractive problem · services related to or performed in conjunction with artificial insemination, in-vitro fertilization, reverse sterilization, or combination thereof · biofeedback, recreational, educational or sleep therapy or other forms of self-care or self-help training and any related diagnostic testing · personal comfort items · mental health care or substance abuse treatment · educational services and treatment of behavioral disorders, together with services for remedial education · inpatient rehabilitation in the hospital or hospital-based rehabilitation facility, when the member is medically stable and does not require skilled nursing convalescent care or the constant availability of a physician · injuries received while committing a crime · non-emergency treatment of chronic illnesses received outside the United States performed without pre-certification · preventive care except as specified in this contract · acupuncture and acupuncture therapy · private room, except as specified as covered services · court-ordered services · hypnotherapy · religious, marital and sex counseling · specific non-standard allergy services and supplies · specific medical reports, including those not directly related to treatment of the member · thermograms and thermography



**BlueCross
BlueShield**
of Georgia

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