

Henry Hu Agency

- 18 years serving NW



Short Term Medical Plans

Health plans for Individuals & Families
in times of transition and change

**BETWEEN
JOBS**
or out of work

BRIDGE THE GAP
in insurance coverage

RETIRED EARLY
or needing a bridge to
Medicare eligibility

WAITING FOR
other coverage
to begin

THIS IS NOT QUALIFYING HEALTH COVERAGE ("MINIMUM ESSENTIAL COVERAGE") THAT SATISFIES THE HEALTH COVERAGE REQUIREMENT OF THE AFFORDABLE CARE ACT. IF YOU DO NOT HAVE MINIMUM ESSENTIAL COVERAGE, YOU MAY OWE AN ADDITIONAL PAYMENT WITH YOUR TAXES.

Agency contact:

Henry Hu, Insurance Agent, Tel. (503) 693-2423, email: hwu475@gmail.com
Office: 4547 SW Scholls Ferry Rd, #C, Portland, OR 97225 (hours 9-6, Mo-Sa)

APPLICATIONS SHOULD BE SUBMITTED ELECTRONICALLY.

Hai Ting Hu

4547 SW Scholls Ferry Road, Ste C
PORTLAND, OR 97225
(503) 693-2423

Applicant(s)	Gender	Age	Birth Date	Tobacco	Prospect Name
PRIMARY	Male	40	6/24/1978	No	Kefi

Zip code: 97225

County: WASHINGTON

Date prepared: 8/8/2018 Quote id: 34348045

Plan Name	Short Term Medical Value
Effective Date	8/9/2018
Estimated Premium	\$141.00
Deductible	\$2,500
Deductible Type	Per Cause
Coinsurance	70/30 to \$16,666
Coinsurance Out-of-Pocket Maximum	\$5,000
Days of Coverage	91
Payment Method	Monthly
Estimated Premium	\$141.00

Explanatory Notes

- A quote that is more than 30 days old should not be used.
- This is a rate illustration, not a contract. Rates are quoted based on the requested effective date, and are subject to verification at time of electronic submission.
- If applicable, FACT association membership dues are not included in the base rates. Please refer to the plan brochure for FACT information and availability.
- For Short Term plans, the application fee is not included in the base rates.
- Brokers may receive commissions and incentive compensation if coverage is issued. The amount that a particular broker is paid does not directly change the amount his clients pay for their insurance. Brokers are not currently allowed to collect any compensation from their clients.
- Please refer to the plan brochure for a more complete explanation.

Most products and services are underwritten by Golden Rule Insurance Company.

References to UnitedHealthcare pertain to each individual company or other UnitedHealthcare affiliated companies.

Administrative services are provided by United HealthCare Services, Inc.

Dental and Vision products are administered by related companies.

Core Access fixed indemnity plans are underwritten by Independence American Insurance Company and administered by The Loomis Company.

UnitedHealthOne is a brand name that represents a portfolio of insurance options for individuals and families.

Independence American Insurance Company and UnitedHealthOne are not affiliated and each entity is responsible for its own contractual and financial obligations.

All products require separate applications. Separate policies or certificates are issued. Medical plans are medically underwritten— see the product brochures and applications. Product availability varies by state.

©United HealthCare Services, Inc.



Covered Expenses

Subject to all policy provisions, the following expenses are covered. To be considered for reimbursement, expenses must qualify as covered expenses and are subject to eligible expense limits unless you use a network provider.

Ambulance Services

Ground ambulance service to a hospital for necessary emergency care.

Dental Services

Dental expenses for an injury to natural teeth suffered during the policy term. Expenses must be incurred within 6 months of the accident or as part of a treatment plan prescribed and began within 6 months of the accident.

No benefits payable for injuries due to chewing as limited in the policy.

Diabetes

Diabetes equipment, supplies, services, and self-management training.

Diagnostic Testing

Durable Medical Equipment

Rental of wheelchair, hospital bed, and other durable medical equipment.

Home Health Care

Home health aide services limited to 7 visits per week and a lifetime maximum of 365 visits. Outpatient private duty registered nurse services limited to a lifetime maximum of 1,000 hours. Benefits for intermittent private duty registered nurse services limited to \$75 per visit.

Hospital Services

Daily hospital room and board at most common semiprivate rate; eligible expenses for an intensive care unit; inpatient use of an operating, treatment, or recovery room; outpatient use of an operating, treatment, or recovery room for surgery; services and supplies, including drugs and medicines, which are routinely provided in the hospital to persons for use only while they are inpatients; emergency treatment of an injury, even if not admitted; and emergency treatment of an illness, but if not admitted for that illness, emergency room charges will not be covered.

Hospital does not include a nursing or convalescent home or an extended care facility.

Medical Supplies

- Dressings and other necessary medical supplies.
- Cost and administration of an anesthetic or oxygen.

Mental Disorders and Substance Abuse

- Treatment of mental disorders or substance abuse covered the same as any other illness.
- Outpatient doctor visits limited to \$50 per visit.
- Policy term combined maximum of \$3,000 due to mental disorders or substance abuse per covered person.

Mental disorders and substance abuse are not covered with the Short Term Medical Value plan.

Outpatient Surgery

Physician Fees

- Professional fees of doctors, medical practitioners, and surgeons.
- Assistant surgeon fee limited to 20% of eligible expenses of the procedure.
- Fees for another medical professional acting as an assistant surgeon limited to 14% of the eligible expense.

Covered Expenses, continued

Medical Expense Benefits - subject to deductible and copay/coinsurance (if applicable)



Prescription Drugs (if applicable)

If you purchase name-brand when generic is available, you pay your generic copay plus the additional cost above the generic price.

Visit goldenrule.welcometouhc.com for a current Prescription Drug List.

Preventive Care

- Children's preventive health services for covered children as defined in the policy.
- Mammograms, Pap smears, colorectal cancer examinations, prostate-specific antigen testing, and other preventive care as specified in the policy.

Prosthetics

Basic artificial limbs, artificial eyes, and larynx and breast prosthesis, prosthetic and orthotic devices (including services and supplies), and medically necessary repair and replacement.

Rehabilitation and Extended Care Facility (ECF)

Must begin within 14 days of a 3-day or longer hospital stay for the same illness or injury. Limited to 60 days per policy term for both rehabilitation and ECF expenses.

Spine and Back Disorders

Benefits for outpatient treatment of spine and back disorders limited to \$50 per visit and 6 visits in any 3-month period.

Temporomandibular (TMJ) Services

Surgery, excluding tooth extraction, to treat craniomandibular disorders, malocclusions, or disorders of the temporomandibular joint limited to a combined \$10,000 lifetime maximum for each covered person.

Therapeutic Treatments

- Radiation therapy and chemotherapy.
- Hemodialysis, processing, and administration of blood or components (but not the cost of the actual blood or components).

Transplant Expense Benefit

The following transplants are covered the same as any other illness: cornea, artery or vein grafts, heart valve grafts, prosthetic tissue and joint replacement, and prosthetic lenses for cataracts.

For all other covered transplants, see your policy for "Listed Transplants" under Transplant Expense Benefits. The covered person must be a good candidate, as determined by us. The transplant must not be experimental or investigational. Covered expenses for "Listed Transplants" are limited to 2 during a 10-year period, per covered person.

Golden Rule has arranged for certain hospitals around the country ("Centers of Excellence") to perform specified transplant services. If you use one of our "Centers of Excellence," the specified transplant will be considered the same as any other illness and will include transportation and lodging incentive (for a family member) of up to \$5,000. If a "Center of Excellence" is not used, covered expenses for the "Listed Transplant" will be limited to one transplant in any 12-month period with a maximum benefit of \$100,000 for all expenses associated with the transplant.

If a "Center of Excellence" is not used, the acquisition cost for the organ or bone marrow is not covered.

No benefits payable for:

- Search and testing in order to locate a suitable donor.
- A prophylactic bone harvest and peripheral blood stem cell collection when no "listed transplant" occurs.
- Animal-to-human transplants.
- Artificial or mechanical devices designed to replace a human organ temporarily or permanently.
- Procurement or transportation of the organ or tissue, unless expressly provided in this provision.
- Keeping a donor alive for the transplant operation.
- A live donor where the live donor is receiving a transplanted organ to replace the donated organ.
- A transplant under study in an ongoing Phase I or II clinical trial as set forth in the USFDA regulation.

Short-Term Health Insurance Application Fact Find

申請臨時短期醫療保險事實申報

If apply for Travel Insurance (to visit USA), provide current home address and phone # of your country.

如果申請旅行醫療保險(訪問美國), 請提供您所在國家/地區目前的家庭住址和電話號碼以及您的微信代碼, 它也可在美國使用. 全部用英文填寫. 我們的微信代碼是 HenryHu-US



Health Insurance Providers List:

- Providence
- Kaiser
- Blue Cross
- United Health
- IMG, ..., etc.

Home address 家庭住址 _____

Home phone # 電話號碼 _____

Cell/Work 手機 _____

Email address 電子郵件 _____

Name	Birthday (m-d-yy)	Relation	Gender (M / F)	Height (x'x" = x.x) (foot ' inch ")	Weight (pound, lb.)	US-Citizen/ Greencard # / Passport #-this # is required.	Serious illness? (Yes / No) Smoking?
姓名(用英文) (列出全家每個人, 要與證件上的一致)	生日 (月-日-年)	家庭關係	性別 男/女	身高 (英制: 尺, 寸) 1 尺=12 寸 1 寸=2.54cm	體重 (英制: 磅) 1 斤= 1.1 磅 1 磅=454 克	美國公民 / 綠卡 號碼 / 護照號碼 (申請旅行保險, 請提供護照號碼)	已經患有 嚴重疾病 (Yes, No) / 抽煙? Y/N
		Self 自己					

Sample Data Entry 輸入數據樣例

Yinhong Zhang	6/15/69	Self	F	5.6	107	EB700xxxx, CHN	No, N
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Note(說明): if have serious illness, provide person's name and the illness. 如果患有嚴重疾病, 請提供患者姓名和病名

Tips: Use your cell phone to take pictures of documents and email the pictures to us: hwu475@gmail.com.

溫馨提示: 使用您的手機給所有文件拍照, 並通過電子郵件將照片發送給我們: hwu475@gmail.com

Agreement: I am _____ (print name 填寫您的姓名). I agree to provide my family personal data (birthday, weight, height, etc.) for Henry Hu Agency to assist me to apply for benefits of health insurance. I know the data will be forwarded to insurance provider and I agree to take full responsibility for the data I provided. Henry Hu Agency will keep the data confidential for applying insurance only and protect privacy of all applicants.

Applicant signature _____
(申請人簽字)

Date _____
(日期)

Henry Hu Insurance agent with FFM and Farmers

- 讓我們來幫您申請臨時短期醫保, 省時又省錢

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