

Short-Term Medical Connect (IAIC) and Secure (SSL) Suite – Benefit Comparison

Plan Designs	Secure Lite	Connect Lite	Connect Value	Secure STM	Connect STM	Connect Plus
Office visit copay (one per coverage period)	\$50 copay per visit <ul style="list-style-type: none"> 1 copay for 30–90 days of coverage 2 copays for 91-180 days of coverage 3 copays for 180+ days of coverage 	\$50 copay per visit <ul style="list-style-type: none"> 1 copay for 30–90 days of coverage 2 copays for 91-180 days of coverage 3 copays for 180+ days of coverage 	\$50 copay per visit <ul style="list-style-type: none"> 1 copay for 30–90 days of coverage 2 copays for 91-180 days of coverage 3 copays for 180+ days of coverage 	\$50 copay per visit <ul style="list-style-type: none"> 1 copay for 30–90 days of coverage 2 copays for 91-180 days of coverage 3 copays for 180+ days of coverage 	\$50 copay per visit <ul style="list-style-type: none"> 1 copay for 30–90 days of coverage 2 copays for 91-180 days of coverage 3 copays for 180+ days of coverage 	\$50 copay per visit <ul style="list-style-type: none"> 1 copay for 30–90 days of coverage 2 copays for 91-180 days of coverage 3 copays for 180+ days of coverage
Deductible	<ul style="list-style-type: none"> \$500 \$1,000 \$2,500 \$5,000 	<ul style="list-style-type: none"> \$1,000 \$2,500 \$5,000 \$7,500 \$10,000 	<ul style="list-style-type: none"> \$1,000 \$2,500 \$5,000 	<ul style="list-style-type: none"> \$1,000 \$2,500 \$5,000 	<ul style="list-style-type: none"> \$2,500 \$5,000 \$10,000 	<ul style="list-style-type: none"> \$5,000 \$10,000
Coinsurance and out-of-pocket (not including deductible)	<ul style="list-style-type: none"> 20%: \$2,000, \$3,000, \$4,000 50%: \$5,000, \$7,500, \$10,000 	<ul style="list-style-type: none"> 20%: \$1,000, \$2,000, \$3,000, \$4,000 50%: \$2,500, \$5,000, \$7,500, \$10,000 	<ul style="list-style-type: none"> 20%: \$2,000 or \$4,000 	<ul style="list-style-type: none"> 20%: \$2,000, \$3,000, \$4,000 30%: \$3,000, \$4,500, \$6,000 50%: \$5,000, \$7,500, \$10,000 	<ul style="list-style-type: none"> 20%: \$4,000 30%: \$6,000 50%: \$5,000 or \$10,000 	<ul style="list-style-type: none"> 30%: \$6,000 50%: \$10,000
Pre-existing condition coverage period maximum	Not covered	Not covered	Not covered	Not covered	Not covered	\$25,000: After maximum is reached, expenses due to pre-existing conditions are not covered.
Maximum benefit	\$750,000	\$1,000,000	\$1,000,000	\$2,000,000	\$2,000,000	\$2,000,000
Covered Expenses						
Hospital room, board and general nursing care	The amount billed for a semi-private room or 90% of the private room billed amount, not to exceed \$1,000 per day	The amount billed for a semi-private room or 90% of the private room billed amount, not to exceed \$5,000 per day	The amount billed for a semi-private room or 90% of the private room billed amount, not to exceed \$10,000 per day	The amount billed for a semi-private room or 90% of the private room billed amount	The amount billed for a semi-private room or 90% of the private room billed amount	The amount billed for a semi-private room or 90% of the private room billed amount
Intensive care unit	Three times the most common average semi-private room rate, not to exceed \$1,250 per day	Three times the amount billed for a semi-private room or three times 90% of the private room billed amount, not to exceed \$6,250 per day	Three times the amount billed for a semi-private room or three times 90% of the private room billed amount, not to exceed \$12,500 per day	Three times the amount billed for a semi-private room or three times 90% of the private room billed amount	Three times the amount billed for a semi-private room or three times 90% of the private room billed amount	Three times the amount billed for a semi-private room or three times 90% of the private room billed amount
Surgeon services	Not to exceed \$2,500 per surgery	Not to exceed \$2,500 per surgery	Not to exceed \$2,500 per surgery	Deductible and coinsurance	Deductible and coinsurance	Deductible and coinsurance
Anesthesiologist	Not to exceed 20% of the surgeon's benefit ¹	Not to exceed 20% of the surgeon's benefit	Not to exceed 20% of the surgeon's benefit	Not to exceed 20% of the surgeon's benefit	Not to exceed 20% of the surgeon's benefit	Not to exceed 20% of the surgeon's benefit
Assistant surgeon	Not to exceed 20% of the surgeon's benefit ¹	Not to exceed 20% of the surgeon's benefit	Not to exceed 20% of the surgeon's benefit	Not to exceed 20% of the surgeon's benefit	Not to exceed 20% of the surgeon's benefit	Not to exceed 20% of the surgeon's benefit
Surgeon's assistant	Not to exceed 15% of the surgeon's benefit ¹	Not to exceed 15% of the surgeon's benefit	Not to exceed 15% of the surgeon's benefit	Not to exceed 15% of the surgeon's benefit	Not to exceed 15% of the surgeon's benefit	Not to exceed 15% of the surgeon's benefit
Inpatient doctor visits	Not to exceed \$500 per confinement	Not to exceed \$500 per confinement	Not to exceed \$500 per confinement	Deductible and coinsurance	Deductible and coinsurance	Deductible and coinsurance

Covered Expenses	Secure Lite	Connect Lite	Connect Value	Secure STM	Connect STM	Connect Plus
Outpatient hospital surgery or ambulatory surgical center	Not to exceed \$1,000 per day	Not to exceed \$1,000 per day	Not to exceed \$1,000 per day	Deductible and coinsurance	Deductible and coinsurance	Deductible and coinsurance
Emergency room	Not to exceed \$500 per day	Not to exceed \$500 per day	Not to exceed \$500 per day	Deductible and coinsurance	Deductible and coinsurance	Deductible and coinsurance
Ambulance, ground or air services	Not to exceed \$250 per occurrence	Not to exceed \$250 per occurrence	Not to exceed \$250 per occurrence	Ground: Not to exceed \$500 per occurrence Air: Not to exceed \$1,000 per occurrence	Ground: Not to exceed \$500 per occurrence Air: Not to exceed \$1,000 per occurrence	Ground: Not to exceed \$500 per occurrence Air: Not to exceed \$1,000 per occurrence
Organ, tissue or Bone marrow transplants	Not to exceed \$150,000 for all covered expenses	Not to exceed \$150,000 for all covered expenses	Not to exceed \$150,000 for all covered expenses	Not to exceed \$150,000 for all covered expenses	Not to exceed \$150,000 for all covered expenses	Not to exceed \$150,000 for all covered expenses
Acquired Immune Deficiency Syndrome (AIDS)	Not to exceed \$10,000 for all covered expenses	Not to exceed \$10,000 for all covered expenses	Not to exceed \$10,000 for all covered expenses	Not to exceed \$10,000 for all covered expenses	Not to exceed \$10,000 for all covered expenses	Not to exceed \$10,000 for all covered expenses

¹These benefits are limited to \$2,500 per surgery for all covered expenses combined, not to exceed \$5,000 per coverage period.

This is a summary of benefits only. For additional information, refer to the brochure or policy/certificate. Benefits and plans may vary by state and are subject to change without notice. Covered expenses are subject to the usual, reasonable and customary charge after deductible and coinsurance and the maximum benefit, if applicable.

Connect Lite, Connect Value, Connect Plus and Connect STM plans are underwritten by Independence American Insurance Company, (IAIC). The policy is #IAIC ISTM POL 0913, which varies by state.

Secure Lite and Secure STM are underwritten by Standard Security Life Insurance Company of New York (SSL). The policy is #SSL-STMP-1104 or #SSL-STM-1104, which varies by state.

About Independence American Insurance Company

Independence American Insurance Company is domiciled in Delaware and licensed to write property and/or casualty insurance in all 50 states and the District of Columbia. Its products include short-term medical, hospital indemnity, fixed indemnity limited benefit, group and individual dental, and pet insurance. Independence American is rated A-(Excellent) for financial strength by A.M. Best, 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 Standard Security Life Insurance Company of New York

Standard Security Life was founded in 1958, and is domiciled in the State of New York and 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 Loomis Company

The Loomis Company (Loomis), founded in 1955, has been a leading Third Party Administrator (TPA) since 1978. Loomis has strategically invested in industry leading ERP platforms, and partnered with well-respected companies to enhance and grow product offerings. Loomis supports a wide spectrum of clients from self-funded municipalities, school districts and employer groups, to large fully insured health plans who operate on and off state and federal marketplaces. Through innovation and a progressive business model, Loomis is able to fully support and interface with its clients and carriers to drive maximum efficiencies required in the ever evolving healthcare environment.

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