

ACCIDENT ONLY MAJOR MEDICAL PLAN

Benefits Designed For

US Citizens and US Residents
while in the USA



PETERSEN

International Underwriters

Lloyd's Coverholder

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ACCIDENT ONLY MAJOR MEDICAL PLAN



HOW COVERAGE WORKS

The Accident Only Major Medical Plan is intended to reimburse the eligible expenses from injuries. Policy terms can be from one month up to three years. Benefits may be assignable once validated. Until then, benefits are paid directly to you to reimburse you for necessary medical expenses which have been paid by you, subject to covered expenses as outlined in the certificate.

1 All expenses are applied toward the deductible.

2 Once the deductible has been fulfilled, the policy will reimburse 100% up to \$1,000,000.

The Accident Only Major Medical plan is set up to be as simple as possible - No co-pay & No coinsurance. Policy Maximum and deductible are per person, per policy period. There is a choice of \$100, \$250, \$500, \$1,000, or \$2,500 deductible.

Eligible Expenses

Hospital Expenses: All medically necessary expenses while hospitalized including:

- Hospital room and board limited to semi-private daily rate,
- Hospital intensive care unit,
- Emergency room care,
- Outpatient surgery,
- Diagnostic services,
- Supplies and therapy.

Physician Services: All medically necessary expenses for treatment including:

- Physician services consisting of home, office, and hospital visits,
- Other medical care and treatment,
- Diagnostic services,
- Supplies and therapy.

Skilled Nursing Facilities: Skilled Nursing Facility room and board, provided confinement begins within 30 days 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.

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

\$25,000 Accidental Death: \$50,000 if accidental death occurs while riding as a passenger of a common carrier.

Common Accident Provision: In the event that you and any additional insured family members suffer injuries from the same accident, only one deductible shall be applied.

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.

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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 United States citizens and United States residents to obtain ACA compliant health insurance coverage. In some circumstances penalties may be 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.

OPTIONAL COVERAGE

Sports or Activities Coverage

If you elect this option, underwriters will reimburse you for eligible expenses which are incurred due to an injury resulting from participation in a sport or activity that is specifically named on the Schedule of Coverage. Benefits will be paid up to a maximum of \$250,000 or the maximum benefit as stated in the schedule, whichever is lesser.

To Add the Sports or Activities Option - Please Add 25% to the Below Rates



MONTHLY PREMIUMS

Monthly Premium by Deductible Amount					
Age	\$100 Deductible	\$250 Deductible	\$500 Deductible	\$1,000 Deductible	\$2,500 Deductible
0-18	\$196	\$188	\$179	\$170	\$161
19-29	\$200	\$191	\$182	\$173	\$164
30-39	\$241	\$228	\$215	\$202	\$190
40-49	\$306	\$288	\$269	\$250	\$231
50-59	\$399	\$372	\$345	\$318	\$290

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Producer #: _____

ACCIDENT ONLY MAJOR MEDICAL PLAN

This is a temporary accident only major medical insurance plan intended for indemnification of eligible expenses from injuries. Benefits may be assignable once validated. Until then, benefits are paid directly to you to **reimburse** you for necessary medical expenses which have been paid by you, subject to terms and conditions as outlined in the certificate. **This is not a Patient Protection and Affordable Care Act (PPACA) compliant plan.**

Name (Last, First)	Date of Birth	Gender	Period of Coverage
	/ /	M / F	/ / thru / /
	/ /	M / F	
	/ /	M / F	
	/ /	M / F	
	/ /	M / F	

USA Address: Number & Street _____

City _____ State _____ Zip Code _____

Contact Information: Email _____ Telephone (____) _____ - _____ Fax (____) _____ - _____

Geographic Area of Coverage: _____

Benefits: Deductible _____ Maximum Benefit _____

Optional Coverage: ☐ Hazardous Sports: Please Specify Sport: _____

Payment Information

1. Check - Payable to Petersen International Underwriters

2. Credit Card: ☐ Visa (2% fee) ☐ MasterCard (2% fee) ☐ American Express (3.5% fee)

☐ Monthly Payment ☐ In Full Payment

Credit Card Number: _____ - _____ - _____ - _____

Expiration Date: ____ / ____

Security Code: _____

DECLARATION

I declare that the above statements are true and complete, and that, apart from the matters declared above, I am in good health and ordinarily enjoy good health. I hereby authorize any licensed physician, medical practitioner, hospital, clinic or other medically related facility, insurance company or other organization, institution or person, that has records or knowledge of me or my health, to release any such information to Petersen International Underwriters or its representatives. I agree that, if accepted, this application shall form the basis of the contract should the insurance be effected and any misstatements above may be grounds for rescission.

I understand that pre-existing conditions are not covered.

I also understand that since this is an accident only policy it is exempt from the Patient Protection and Affordable Care Act (PPACA).

Proposed Insured _____ Signature _____ Date _____
Please Print (Parent/Guardian signature if applicant is under age 18)

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PRE-EXISTING CONDITIONS LIMITATIONS

Pre-existing Condition means an 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

1. The maximum Eligible Expense for Repatriation of Remains or Global Medical Transportation is \$250,000.00 in the aggregate during the Term of Insurance.
2. The maximum Eligible Expense room and board charge for an intensive care unit is three times the Provider's semi-private room and board charge.
3. The maximum Eligible Expense for outpatient prescription medication(s) is \$500.00 in the aggregate and during the Term of Insurance for a maximum prescribed period of ninety (90) days for any one prescription.
4. Insured age 70-74 are limited to \$250,000.00 maximum benefit, all other terms and conditions apply.
5. Insured age 75-79 are limited to \$100,000.00 maximum benefit, all other terms and conditions apply.
6. Insured age 80-84 are limited to \$50,000.00 maximum benefit, all other terms and conditions apply.

EXCLUSIONS

1. Sickness of any type.
2. Any expense which You are not legally obligated to pay.
3. Services which are not Medically Necessary or are not furnished by and under supervision of a Physician.
4. 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.
5. Expenses in excess of UCR.
6. Self-inflicted injuries while sane or insane.
7. Treatment for alcoholism, drug addiction, allergies, and/or Mental or Nervous Disorders.
8. Rest cures, quarantine or isolation.
9. Cosmetic surgery unless necessitated by an accidental Injury.
10. Dental exams, dental x-rays and general dental care except as a result of an accidental Injury.
11. Eye glasses or eye examinations.
12. Hearing aids or hearing examinations.
13. General or routine examinations.
14. Injuries sustained from participation in Hazardous Sports or Activities.*
15. Pregnancy and pregnancy-related conditions including but not limited to fertility, pre-natal care, childbirth, miscarriage, abortion or post partum conditions.
16. Injuries due to War or any Act of War whether declared or undeclared.*
17. Injuries due to Terrorism or an Act of Terrorism whether declared or undeclared.*
18. Injuries 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 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 the specified Geographic Area.
25. Pre-existing conditions.
26. Racing of any kind, all professional or semi-professional sports, and collegiate, sponsored, or interscholastic athletics.**

* This exclusion can be removed if the appropriate additional premium has been paid and the optional benefit is indicated on the Schedule or attached by an endorsement.

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