

## BRIDGE MAJOR MEDICAL

Insured Person(s):

Certificate Number:

Address:

Premium:

ESL Tax:

Processing Fee:

Total:

Payment Mode:

Application Date:

Effective Date:

Issue Date:

Expiry Date:

Geographic Area of Coverage:

### DECLARATION OF INSURANCE

This Certificate of Insurance confirms that in return for payment of the Premium shown in the Schedule, certain Underwriters at Lloyd's have agreed to reimburse You for certain medical expenses in accordance with the terms set out in this Certificate.

In accepting this insurance, the Underwriters have relied on the information and statements that You have provided on the date which is stated in the Schedule. You should read this Certificate carefully and if it is not correct, please contact the Coverholder. It is an important document and You should keep it in a safe place with all other papers relating to this insurance.

#### **This coverage is not available to Citizens of the USA.**

Coverage under this certificate will begin on the effective date at 12:01 AM. Coverage will end on the expiry date at 12:01 AM. All times will be the Local Standard Time at the address stated above. For the insurance described in this Certificate to be effective there must not have been any material changes to Your health as described in Your application or online enrollment for coverage between the date You signed the application or completed the online enrollment and the Effective Date of the insurance described in this Certificate. If there have been any material changes in Your health during this time period, this Certificate must be immediately returned with a written description of such changes for Underwriters' review and consideration as to issuance of coverage.

**Notice of Nonrenewability:** This insurance is not renewable. New periods of insurance may be secured at the option of the Underwriters and then only upon submission of a new satisfactory application or online enrollment.

**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.

**The insurance described in this Certificate has coverage limitations and exclusions. Please review the Limitations and Exclusions section.**

**SCHEDULE OF BENEFITS**

Deductible (Per Certificate) \$ \_\_\_\_\_

Maximum Benefit (Per Certificate) \$ \_\_\_\_\_

Coverage provided includes:

- Part A only
- Part B only
- Part A and Part B

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Forms and Endorsements that apply: Application, Bridge091514.

Executed by Petersen International Underwriters on:

Date \_\_\_\_\_ By: \_\_\_\_\_  
W. Harold Petersen, President

## DEFINITIONS

**Accident** means a sudden, unexpected event which occurs at an identifiable time and location during the Term of Insurance.

**Act of Terrorism** means an act, including but not limited to the use of force or violence and/or the threat thereof, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organization(s) or government(s), committed for political, religious, ideological or similar purposes or reasons including intention to influence any government and/or to put the public, or any section of the public, in fear.

**Cancer Related Condition** means a condition which arises as a result of cancer, to include but not be limited to, carcinoma, leukemia, lymphoma and sarcoma.

**Cardiac Related Condition** means a condition which affects or is affected by the heart and/or circulatory system. This includes conditions which are directly related to the heart and circulatory system or are secondary complications as a result of another condition which then affects the heart and/or circulatory system.

**Coinsurance** means the amount of Eligible Expenses incurred after the deductible which is shared on a percentage basis by you and by us up to the specified stop loss amount.

**Custodial Care** means care provided primarily for the non-medical maintenance of a patient or which is designed to assist a patient in essential activities of daily living and which is not primarily provided for its therapeutic value. Activities of daily living include such things as bathing, feeding, dressing, walking and taking oral medicine.

**Coverholder** means Petersen International Underwriters, a licensed surplus line broker who is a coverholder to Lloyd's, with limited authorization granted by Underwriters to place the insurance described in and to issue this Certificate.

**CPT** means the Current Procedural Terminology. The CPT utilizes codes to identify services performed by Providers.

**Deductible** means the amount of Eligible Expenses that must be incurred and paid by You prior to any amounts being reimbursed by Underwriters.

**Eligible Expenses** means Usual, Customary and Reasonable charges and paid by You for services and supplies which are Medically Necessary and for which coverage is provided under the insurance described in this Certificate.

**Hazardous Sports or Activities** are activities which are considered to be more than a standard risk. These activities include: professional or recreational mountaineering, snow skiing, snowboarding, scuba diving, whitewater rafting, hang gliding, skydiving or bungee jumping.

**Home Health Care** means part-time or intermittent home nursing care by a registered nurse or licensed vocational nurse in a place of residence, including medical supplies, drugs and medications prescribed by a Physician, and laboratory services, but only to the extent that they would have been covered when confined in a Hospital.

## DEFINITIONS (Continued)

**Hospice Facility** is a facility which provides a hospice program, is separate from any other facility, and provides care for terminally ill persons with a prognosis of six months or less in which to live.

**Hospital** means a facility which is licensed under state and local laws and regulations to provide, on the order of a Physician, diagnostic and therapeutic services for the medical diagnosis, treatment and care of persons in need of acute inpatient hospital care. Hospital does NOT include health resorts, rest homes, nursing homes, Skilled Nursing Facilities, convalescent homes or other similar institutions.

**Injury** means an Accidental bodily Injury which:

- a) is sustained by the Insured Person;
- b) is caused by an Accident, and
- c) is the direct cause of loss independent of Sickness, disease or bodily infirmity within twelve months from the date of the Accident

**Insured** means You, being the person or persons covered by the insurance described in this Certificate.

**Maximum Benefit** means the total amount of Eligible Expenses reimbursable during the Period of Insurance.

**Medically Necessary** means services which are required due to Sickness or Injury and which are appropriate for treatment of the patient according to standards of medical practice generally accepted and provided by the medical community.

**Medicaid** means the program of medical coverage set forth in the Health Insurance for the Aged Act, Subchapter XVIII of the Social Security Amendments of 1965, including any amendments now or later enacted.

**Medicare** is as defined under the Health Insurance for the Aged Act, Subchapter XVIII of the Social Security Amendments of 1965 as then constituted or later amended (42 U.S.C. 1395 et seq.)

**Mental or Nervous Disorders** means any condition which includes any form of neurotic or psychotic condition or behavioral disorder. Conditions may include, but are not limited to: psychiatric disorders, manic disorders, paranoia, schizophrenia, personality disorders, depression, anxiety, due to any cause or any form of chemical imbalance affecting the brain.

**Period of Insurance** means the time period beginning with the Effective Date and ending with the Expiry Date.

**Physician** means an individual who is qualified to perform or prescribe surgical or manipulative treatment. A Physician must be recognized (licensed and chartered) by the state or country in which he or she is practicing, cannot be a relative of the Insured, and must practice within the scope of his or her license. Treatment of a Sickness or Injury must be within the knowledge or expertise of the Physician.

## DEFINITIONS (Continued)

**Pre-existing Condition** means a condition, 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.

**Provider** means a Physician, Hospital, or other person or entity that provides health care services which is licensed under state and local laws and regulations to provide, on the order of a Physician, diagnostic and therapeutic services for the medical diagnosis, treatment and care of persons in need of such care.

**Sickness** means an illness or disease.

**Skilled Nursing Facility** means a facility which is licensed under state and local laws and regulations to operate as a Skilled Nursing Facility.

**Stop Loss** means the total dollar amount of Eligible Expenses shared on a percentage basis by you and by us after the deductible.

**Terrorism or Act of Terrorism** means an act, including but not limited to the use of force or violence and/or the threat thereof, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organization(s) or government(s), committed for political, religious, ideological or similar purposes or reasons including intention to influence any government and/or to put the public, or any section of the public, in fear.

**Underwriters** refers to certain Underwriters at Lloyd's, London.

**Usual, Customary and Reasonable, UCR** means the following: The "usual" charge is that fee usually charged by the Provider for a given service or supply. A charge is "customary" when it is within the range of the usual fees charged by Providers of similar training and experience, for the same service or supply within the same Geographic Area as determined by Underwriters. The charge is "reasonable" when it meets the above two criteria or is justifiable as determined by Underwriters in consideration of the special circumstances of the particular case in question.

**War** means war, declared or undeclared, invasion, hostilities, acts of foreign enemies, civil war, rebellion, insurrection, military or usurped power, martial law or confiscation by order of any government or public authority.

**We, Us** means Underwriters.

**You, Your** means each named Insured.

## **BENEFIT PROVISIONS**

### **DESCRIPTION OF BENEFITS**

We will reimburse benefits listed below and as shown in the Schedule of Benefits, subject to the terms and limitations of this certificate.

The plan contains a deductible which must be satisfied before any benefits begin. After the deductible, eligible expenses will be paid at 80% for the next \$10,000. After the deductible and coinsurance have been satisfied, benefits shall be paid at 100% of eligible expenses to the plan Maximum Benefit as described in the Schedule of Benefits.

### **PART A - HOSPITALIZATION BENEFITS**

Covered expenses under Part A include: Semi-private room and board charges, general nursing, miscellaneous hospital services and supplies, drugs, x-rays, laboratory tests and operating room expenses. Benefits are applicable to the following facilities and as described:

#### **Hospital Facilities**

Benefits include standard hospitalization and emergency treatments.

#### **Hospice Facilities**

A physician must certify the need of such care. Eligible expenses include out-patient treatment.

#### **Skilled Nursing Facilities**

Qualification requires a medically necessary hospital confinement of three days or longer, must begin within thirty days following hospital confinement, and must be recommended and authorized by a treating physician.

#### **Home Health Care Services**

Skilled care at home is covered if such care is deemed medically necessary.

### **PART B - PHYSICIAN AND SURGEONS BENEFITS**

The costs of physicians and surgeons are covered on either an in-patient or out-patient basis. Supplies, therapy and ambulance services are covered if prescribed as medically necessary.

#### **Conditions and Understandings**

- 1) Benefits are paid directly to you to reimburse you for eligible medical expenses which have been paid by you, unless we agree to pay the provider directly. Unless and until we agree, this is a reimbursement certificate.
- 2) This certificate is issued on the basis of information given in the Application. A copy of the Application becomes a part of the certificate.
- 3) Material misstatement or concealment of health information made by or on behalf of you may render the insurance null and void.
- 4) Notice of claim is to be given at the earliest possible date.
- 5) This certificate is renewable at the option of the Underwriters.
- 6) Benefits shall be paid for all eligible expenses which are necessarily incurred due to an illness manifesting itself or an accidental bodily injury occurring during the period of insurance.
- 7) These benefits are available only if there is no other source of funding available through any government insurance or private programs.

## **TERMINATION OF BENEFITS**

The insurance described in this Certificate will terminate upon the Expiry Date of this Certificate, the date United States citizenship is obtained, or your eligibility for the United States Medicare System whichever occurs first. It is your responsibility to enroll in Medicare when you are first eligible.

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## LIMITATIONS AND EXCLUSIONS

All policy limitations and exclusions contained in the certificate apply to all eligible benefits.

### LIMITATIONS:

1. 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 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.
2. No benefits will be payable if the Insured is a United States citizen at the time of loss.
3. Alzheimers is limited to a lifetime maximum benefit of \$25,000.
4. Cardiac and/or Cancer related conditions are limited to a maximum benefit of \$25,000 the first 180 days after inception of the first Certificate. After 180 days, benefits will be paid as for any other condition.
5. Cataract surgery and procedures are limited to a maximum benefit of \$2,000.

## **LIMITATIONS AND EXCLUSIONS (Continued)**

All policy limitations and exclusions contained in the certificate apply to all eligible benefits.

### **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. Self-inflicted injuries while sane or insane.
6. Treatment for alcoholism, drug addiction, allergies, and/or Mental or Nervous Disorders.
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. Injuries sustained from participation in Hazardous Sports or Activities.
14. Injuries or Sickesses due to War or any act of War whether declared or undeclared.
15. Injuries or Sickesses due to Terrorism or any act of Terrorism whether declared or undeclared.
16. Injuries or Sickesses 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).
17. Injuries or Sickesses sustained while committing a criminal or felonious act.
18. Expenses incurred for or resulting from pain which is not supported by medical diagnosis.
19. Outpatient drugs.
20. Any elective surgery, including but not limited to complications of previous elective or cosmetic surgeries.
21. Custodial Care.
22. Expenses for supplies and services incurred outside of United States boundaries.
23. Pre-existing conditions.
24. Racing of any kind, all professional or semi-professional sports, and collegiate, sponsored, or interscholastic athletics.

## CLAIM PROVISIONS

**NOTICE OF CLAIM:** Written notice of a claim must be given to Us within twenty (20) days after the date Eligible Expenses are incurred, or as soon after that as reasonably possible. Notice given by You or on Your behalf to the Coverholder indicated in this certificate at the following address that identifies You will be sufficient notice:

PETERSEN INTERNATIONAL UNDERWRITERS  
23929 Valencia Boulevard, Second Floor,  
Valencia, CA 91355

**CLAIMS FORMS:** Underwriters will furnish forms for filing proof of loss upon receipt of notice of claim.

**PROOF OF LOSS:** Written proof of loss must be given to Underwriters within ninety (90) days after the date Eligible Expenses are incurred. Failure to furnish written proof of loss within that time will not reduce the claim if it was not possible to give proof within the time required. However, proof may not be furnished later than one (1) year from the time proof is normally required, except in the case of legal incapacity. Written proof of loss includes, but is not limited to:

- 1) Completed claim form.
- 2) Signed authorization for release of medical records.
- 3) Original receipts from Providers, or copies of canceled checks or credit card payments plus a copy of a Provider statement or bill. All receipts must contain legible information to determine the name and address the Provider; the diagnosis; the treatment rendered; the date of service; and the payment made to Provider. In addition, Underwriters reserve the right to verify Your proof of loss by obtaining any or all necessary medical records or other necessary information from other sources. This will be obtained at Underwriter's expense.

**TIME OF PAYMENT OF CLAIMS:** Underwriters will reimburse You for all benefits due upon receipt of written proof of loss and verification of loss.

**PAYMENT OF CLAIMS:** Benefits are paid directly to You to reimburse You for eligible medical expenses which have been paid by You unless Underwriters agree to pay the Providers directly.

**ACTS OF THIRD PARTIES:** In the event You are injured through the wrongful act, negligence or omission of another person, Underwriters will reimburse You under the insurance described in this Certificate. However, Underwriters will have the right to recover the amounts Underwriters pay that You collect from the liable third party. You agree, as a condition of coverage, to reimburse Underwriters immediately upon collection of damages, whether by action at law, settlement or otherwise, and to cooperate with Underwriters fully by furnishing information, forms, assignments or liens which will enable Underwriters to recover from the liable third party.

**RIGHT TO KNOW UCR:** You have the right to know the Usual, Customary and Reasonable (UCR) rates for all Eligible Expenses. To determine the UCR, You must provide Underwriters with the appropriate CPT code which can be obtained from Your Provider. Providing UCR information to You prior to Your incurring and paying this amount, does not waive Underwriter's rights to adjust, negotiate, or investigate Your claim. Underwriters reserve the right to negotiate settlements and/or contracts with Providers instead of paying UCR.

**PHYSICAL EXAMINATION:** Underwriters have the right to examine You at Underwriter's expense during the length of any claim and Underwriters may do so as often as Underwriters find necessary. Underwriters further reserve the right to have any claim monitored by a claims manager in cooperation with Your Physician.

**CLAIMS AFTER EXPIRY DATE:** Expenses incurred after the Expiry Date are not covered. If You are hospitalized on the Expiry Date, benefits will continue for a maximum of thirty (30) days or until You are released from the Hospital, whichever is sooner.

## GENERAL PROVISIONS

**PREMIUMS:** Premiums must be paid in advance and are non-refundable.

**GRACE PERIOD:** After payment of the first premium installment, Underwriters will allow You a grace period of thirty-one (31) days following a premium installment due date to pay subsequent premiums. During this grace period, the insurance described in this Certificate will remain in force. You will be liable for payment of premium for the Period the Insurance described in this Certificate.

**UNPAID PREMIUM:** If unpaid premiums exist at the time benefits are paid under this Certificate the amount of premium unpaid may be deducted from any benefits paid.

**SHORT RATE CANCELLATIONS:** Short Rate Cancellations are not applicable to this coverage.

**TERMINATION FOR NONPAYMENT:** If any premium is not paid before the end of the grace period, the insurance described in this Certificate will immediately cease to be in force as of the premium due date.

**NEW PERIOD OF INSURANCE:** A new Period of Insurance may be offered subject to full underwriting. A new Period of Insurance may contain new terms, new premium and/or other modifications, or be declined. No new Period of Insurance will be offered if there are any open claims. Underwriters reserve the right to not make any offers for a new Period of Insurance for any reason.

**ASSIGNMENT:** The insurance described in this Certificate may not be assigned, in whole or in part, without the prior written consent of Underwriters.

**NOTICES:** All notices, claims, proofs of loss and other communication must be sent to Underwriters in care of PETERSEN INTERNATIONAL UNDERWRITERS, 23929 Valencia Boulevard, Second Floor, Valencia, CA 91355.

**CORRESPONDENCE TO INSURED(S):** Any form of communications from Us, shall be to one representative of the Insured(s). Communications to this representative shall be considered communications to all Insured(s) named on this contract.

**FRAUD OR MATERIAL MISSTATEMENT OR CONCEALMENT:** In issuing the insurance described in this Certificate, Underwriters are relying on the accuracy of the representations in Your application or online enrollment. Non-disclosed Preexisting Conditions may be grounds for rescission of the insurance described in this Certificate. A copy of Your application or online enrollment becomes a part of this Certificate. Material misstatement or concealment of health information made by You or by any person acting on Your behalf may render the insurance null and void and no benefits will be payable.

**MISSTATEMENT OF AGE:** If your age is incorrectly stated, we will adjust the benefits stated in the certificate to what the premiums would have purchased if the correct age had been given.

**ENTIRE CONTRACT:** The insurance described in this Certificate or in any attached endorsements or other papers, and Your application or online enrollment make up the entire contract. No agent or broker is allowed to change the insurance in any way. Changes will not be valid unless approved by Underwriters and recorded in writing to be attached to and form part of this Certificate. It is Your responsibility to attach any such endorsements which are mailed after the Coverage is issued.

## GENERAL PROVISIONS (Continued)

**UNDERWRITERS LIABILITY:** You or Your representative can obtain further details of the syndicate numbers and the proportions of this insurance for which each of the Underwriters at Lloyd's is liable by requesting them from the Coverholder indicated in this certificate. In the event of a loss, each Underwriter (and their executors and administrators) is only liable for their own share of the loss.

**GRIEVANCE PROCEDURES:** Should You be dissatisfied with any claim or administration issue, the following steps apply. Notwithstanding any other item set forth herein, the parties hereby agree that any dispute which arises shall follow these procedures:

- 1. General Inquiry:** At any time You have the right to communicate with Us, either directly or through a representative, to seek clarification and assistance on any issue.
- 2. Informal Review:** Should You not be satisfied with the response from Your General Inquiry, You have the right to request an Informal Review. This Informal Review should be requested in writing, but may be verbally requested. The Informal Review should be requested within sixty (60) days following the claim or administrative decision, but in no case before such claim or administrative decision. Underwriters shall respond within a reasonable amount of time.
- 3. Formal Review.** Should You still not be satisfied with the response You received through an Informal Review, then You have the right to request a Formal Review. Please provide a written summary of the issue and any items which may be useful for Us to review. A Formal Review must be requested no more than ninety (90) days following an Informal Review. Underwriters shall respond to Your request within a reasonable amount of time.
- 4. Legal Action.** No legal action may be brought to recover under the insurance described in this certificate until after the response of a Formal Review. No action may be brought more than one year after the date of the original claim or administrative decision. Legal Action shall not take place prior to a Formal Review.

## **APPLICABLE LAW (U.S.A.)**

This Insurance shall be subject to the applicable state law to be determined by the court of competent jurisdiction as determined by the provisions of the Service of Suit Clause (U.S.A.).

LMA5021  
14/09/2005  
Form approved by Lloyd's Market Association

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## SEVERAL LIABILITY NOTICE

The subscribing insurers' obligations under contracts of insurance to which they subscribe are several and not joint and are limited solely to the extent of their individual subscriptions. The subscribing insurers are not responsible for the subscription of any co-subscribing insurer who for any reason does not satisfy all or part of its obligations.

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