



PRIVATE PLAN 364

MEDICAL
INSURANCE®

Offered by:

nextHEALTH PLAN SM
PRIVATE HEALTH EXCHANGE
NextHealthPlan.com 

AN AFFORDABLE APPROACH TO HEALTHCARE

Benefits & Availability Vary by State.



Know the facts...

- ★ **25+ Years Industry Experience**
- ★ **A+ Rating with Better Business Bureau** 
- ★ **Industry Leader in Plan Design and Price**
- ★ **Tailored plans for small businesses, the self-employed and individuals**

Next Health Plan is excited to offer Private Plan 364  a truly affordable option for your medical insurance needs.

Partners



Accepted by nearly 750,000 healthcare professionals and at over 4,700 hospitals nationwide, PHCS is the largest primary PPO network in the nation, available to you at no additional cost.



By using the Quest Diagnostics Lab Card with your doctor, you can save 30% - 60% on the outpatient laboratory-testing costs associated with most diagnostic lab work.



Accepted at over 62,000 participating pharmacies nationwide, reduce out-of-pocket prescription costs & pay the lowest available price for medications.



Are you going without health insurance?

- Did you find ACA plans **Un-Affordable**?
- Was your **Premium Subsidy Too Small** to offset the cost?
- Did you **Miss Open Enrollment**?
- Did you **Lose Dependent Coverage** at work?
- Do you want to **Offer Your Employees Affordable Benefits**?

Protect your family from CLAIMS

PP-364 is Private Medical Insurance that pays for **Unexpected Illness or Injury** versus the more expensive mandatory coverage options required by the Affordable Care Act (ACA).

This allows the uninsured to pay for coverage that they need and can afford. Our plan will pay benefits up to \$1 Million per person* (in or out of network), for up to 364 days.

ACA Coverage Includes:

- Maternity Coverage**
- Child Dental & Vision**
- Preventive Care**
- Routine Care**
- Mental Illness**

- VERY EXPENSIVE -

PP-364 Includes:

- Medical Coverage**
- for Unexpected Illness or Injury**

- VERY AFFORDABLE -

*Optional Rider to increase coverage. Benefits & Availability Vary by State.



How PP-364 Pays Benefits

CLAIMS EXAMPLE

A Serious Illness or Injury triggers a large claim.

CLAIM	\$100,000
DEDUCTIBLE	- \$2,500
CO-INSURANCE	- \$2,500
PAID AT 100%	\$95,000

100% COVERAGE AFTER DEDUCTIBLE & CO-INSURANCE ARE MET, UP TO THE POLICY MAXIMUM BENEFIT

DEDUCTIBLE

Clients pay their chosen deductible (once per policy year). Choice of 4 Deductible options designed to fit your needs. Maximum of 2 Deductibles per Policy.

75% / 25% CO-INSURANCE

You Pay 25% of any additional covered charges, up to \$2,500 out of your pocket. Out-of-pocket maximum (or stop-loss) is \$2,500 per person with a maximum of two (2) co-insurance amounts per policy. After co-insurance has been satisfied, the plan pays 100% of the additional eligible expenses up to the policy maximum.

100% COVERAGE*

Once the Deductible has been met and the Out-of-pocket maximum has been paid, the Insurer pays all remaining eligible charges, up to the plan maximum (up to \$1 million) per covered person.

OUTLINE OF MEDICAL COVERAGE

This outline of coverage provides a brief description of the important features of your policy. This is not the insurance contract. The policy itself sets forth in detail the rights and obligations of both you and your insurance company.

Lifetime Maximum:	Up to \$1 Million¹
Deductible Options:	\$1,000 \$2,500 \$5,000 \$10,000
Co-Insurance:	75% / 25%
Out-of-Pocket Limit:	\$2,500
Doctor Co-Pay:	\$30 (Up to 3 visits per Insured)²

*Up to the policy maximum benefit. Benefits & Availability Vary by State.

The policy provides benefits for the following Covered Expenses

BENEFIT SUMMARY	Subject to Deductible & Co-Insurance
Inpatient Hospital Services	Room, board and routine nursing services that are provided to all inpatients while confined in a semi-private room, ward, coronary care or other intensive care unit in a Hospital. ³
Outpatient Hospital Services	Services performed in a Hospital's outpatient department or in a Free-Standing Ambulatory Surgical Facility including Emergency room care.
Hospital Physician Services, Surgical and Anesthesia Services	Surgical services including Reconstructive Surgery ⁴ , anesthesia services, Inpatient Rehabilitation Programs ⁵ and Physician service (not including Physicians office visits). Covered Expenses for anesthesia services include general anesthesia, and associated Hospital or Free-Standing Ambulatory Surgical Facility charges.
Skilled Nursing Facility Care	Care in a Skilled Nursing Facility when the confinement is in lieu of acute hospitalization or when admitted to the Skilled Nursing Facility within 14 days after a Hospital confinement of at least 3 days for the same condition. ⁶
Home Health Care	Home health care visits provided by a state licensed or Medicare certified home health agency. One visit consists of up to 4 hours of services provided within a 24-hr. period.
Outpatient Physical Medicine Services	Includes, but is not limited to: Physical, speech or occupational therapy; pulmonary or cardiac rehabilitation therapy; or adjustments and manipulations provided in the outpatient department of a Hospital, by a licensed or certified home health care agency or by a licensed therapist in Your home. 1 visit consists of up to 3 hours of therapy within a 24-hour period.
Ambulance	Ambulance service for one trip to the nearest Hospital that is able to treat the sickness or Injury. Maximum benefit for air ambulance services is \$1,000 per Benefit Period.
Prescription Drugs	Drugs and medicines are received on an outpatient basis with a written prescription of a Physician for treatment of a condition that is a Covered Expense under the policy and are dispensed by a licensed pharmacy. (Must be fully approved by the U.S. Food and Drug Administration)
Complications of Pregnancy	The following complications arising from pregnancy that begins after the Effective Date of coverage are covered on the same basis as any other covered Sickness: (1) ectopic pregnancy; (2) spontaneous termination of pregnancy (miscarriage) that occurs before the 26th week of gestation; and (3) missed abortion. ⁷
Durable Medical Equipment and Supplies	Rental, up to the purchase price, or purchase of a non-electric wheelchair, basic non-electric hospital bed or basic crutches; the initial permanent basic artificial limb or eye; oxygen and the equipment needed to administer oxygen; casts, orthopedic braces. Splints, dressings and sutures and the initial external breast prosthesis needed because of Medically Necessary surgical removal of all or part of the breast. Such surgery must have been done while covered under the policy.
X-ray, Radiation Therapy, Chemotherapy and Laboratory Charges	X-ray, radiation therapy, chemotherapy and laboratory charges. This provision includes 1 pap smear per Benefit Period by a Physician. This provision includes 1 screening mammography exam per Benefit Period for a covered female, age 35 or over. The maximum benefit for a mammography screening is \$60.
Blood Product Transfusions	Whole blood, Blood plasma and Blood products if not replaced.

Benefits & Availability Vary by State.

Explanation of Coverage

PP-364 is designed to provide coverage for major Hospital, medical, and surgical expenses incurred as a result of Medically Necessary care for a covered Sickness or Injury during a Benefit Period of up to 364 days.

Co-Insurance is the amount of Covered Expense that is paid by the Insurer after any applicable Co-Payment and/or Deductible is satisfied. You are responsible for paying any Co-Insurance balance that is not paid by the Insurer. The Co-Insurance applies separately to each Insured during a Benefit Period of up to 364 days. The payment of Covered Expense is subject to the Lifetime Maximum Benefit or any other maximum benefit for those services under the policy, whichever is less.

Co-Pay for Physician Office visits due to Injury or Sickness. Deductibles and Co-Insurance are waived for up to 3 visits per Insured per Benefit Period.

¹Optional rider to increase coverage to \$1 million.

²Optional rider to increase Co-Pays to 3 per insured. Office Visit Waiting Period of 30 days will apply. All additional office visits thereafter per Insured per Benefit Period will be subject to any Deductible or Co-Insurance under the policy without the application of a Co-Payment.

³If You are in a private room, the Insurer will pay benefits based on the Hospital's most common daily charge for a semi-private room. If a Hospital does not have a semi-private rooms, Covered Expense is limited to 90% of the regular charge for a private room.

⁴Reconstructive surgery to restore function for conditions resulting from accidental injury provided the Injury occurred while the Insured is covered under the policy. Reconstructive surgery that is incidental to or follows resulting from trauma, infection or other diseases of the involved part if the trauma, infection or other diseases occurred or had their onset while the Insured was covered under the policy. Surgery because of congenital illness or anomaly that resulted in a functional defect of a Covered Dependent child born while the policy is in force.

⁵Inpatient rehabilitation includes, but is not limited to, physical, occupational and speech therapy provided on an inpatient basis in a facility that is accredited by the Joint Commission on Accreditation of Healthcare Organizations or the Commission on Accreditation of Rehabilitative Facilities when the confinement is in lieu of acute hospitalization.

⁶The maximum daily benefit for care in a Skilled Nursing Facility will not exceed: (1) one-half of the semi-private Hospital room rate for the Hospital confinement; or (2) on-half of the most common semi-private Hospital room rate for the area in which you live if you were not previously Hospital confined.

⁷No benefits will be paid for: false labor; premature labor; high risk pregnancy or delivery; caesarean section delivery; occasional spotting; physician prescribed rest; morning sickness; hyperemesis gravidarum; preeclampsia; placenta previa; or similar conditions that occur in a difficult pregnancy.

Temporomandibular Joint (TMJ) or Craniomandibular Joint (CMJ) Dysfunction: Surgical and non-surgical treatment of temporomandibular or craniomandibular joint dysfunction, except for the treatment and services outlined in the policy. The combined maximum for all surgical and non-surgical treatment is limited to \$1,000.00 for each Insured per Benefit Period.

AIDS/HIV Services: Treatment of AIDS, AIDS Related Complex (ARC) or related immunodeficiency disorders up to a maximum benefit of \$10,000 for each Insured per Benefit Period.

Transplantation Benefit: Certain human organ/tissue transplants or replacements as listed in the policy and donor expenses provided that the transplant is the result of a Sickness or Injury that had its onset after the Effective Date of the policy. The maximum transplant benefit per Benefit Period is \$100,000 for transplants other than Kidney transplants, combined transplants, and sequential transplants. Kidney transplants have a maximum benefit of \$50,000. The maximum lifetime transplant benefit for donor expenses is \$10,000 per Benefit Period and is applied to the \$100,000, \$50,000 for Kidney transplants, maximum lifetime transplant benefit.

Prostate Cancer Screening: Covered Expenses are for prostate cancer screening by a prostate-specific antigen test for men 45 years of age or older, or for men 40 years of age or older if ordered by a physician.

Disclosure

Within this brochure you have been provided with an Outline of Medical Coverage describing the Policy for which you have applied. Please verify that you understand the coverage as outlined as well as the following provisions:

1. The coverage for which you have applied will become effective only when the application is approved by the Insurer and only on the Effective Date assigned by the Company.
2. If you are approved and your Policy is issued, your coverage will begin immediately on the assigned Effective Date unless there is a waiting period. The coverage is issued for a specific time or Benefit Period (up to 364 days). At the end of the Benefit Period you may enroll in a new plan subject to Pre-Existing Conditions but the policy coverage is not renewable past the Benefit Period as stated on the Schedule of Benefits page of the Policy.
3. Benefits will not be payable for any sickness or injury due to a Pre-Existing Condition. In general, a Pre-Existing Condition is defined as any condition for which medical treatment was rendered or recommended by a physician or for which drugs or medicine was prescribed within 24 months prior to an insured's Effective Date..

Disclosure (cont'd)

4. Until the coverage has been approved and issued, the Insurer has absolutely no liability other than to refund your initial premium if your Application is not approved. Any injury or sickness which may develop between now and the date your coverage is effective will be a Pre-existing Condition, and depending on extent and severity, such injury or sickness may render you ineligible for coverage.

5. Answer any and all Eligibility Questions for yourself and your dependents completely and accurately. The disclosure of health information is important and any omission may bar the right to recover under the Policy if such an omission materially affects the acceptance of risk or hazard assumed.

6. This insurance does not qualify as minimum essential health coverage under the Patient Protection and Affordable Care Act. Lack of minimum essential coverage may result in an additional payment with your taxes depending on your income and the cost of available metallic plans.

Disclaimers

Hospital Authorization Provision

Authorization of a Hospital admission is mandatory. Failure to authorize will result in a penalty equal to \$1000 (\$500 Texas). If the admission is elective, notification is required at least 72 hours before the scheduled date and time of admission. If the admission is non-elective or due to an Emergency, notification is required within 48 hours after the date and time of admission. All admissions will be reviewed for medical necessity by the Insurer or its designate. All admissions not meeting the definition of Medically Necessary will not be authorized and may be denied payment.

Specific Benefit Period

You may select a specific period of coverage from 1 month to 12 months for your PP-364 plan. The coverage for the 12th month will end on the 364th day of the benefit period. Issue age is 0-64. The policy is not renewable. Coverage is in force only for the Benefit Period you selected and approved by the Insurer as shown in the policy.

PP-364 is issued for a specific period of time. If your needs for coverage extend beyond this plan, you may apply for additional PP-364 plans. This requires a new application and is not an extension of your current plan. Any illness or condition you develop while covered by your current plan would be considered "pre-existing" when you apply for a new PP-364 plan and as such, will not be a covered expense.

Termination of this plan is not considered a qualifying life event for the purposes of enrolling in a metallic plan. Therefore, depending on your plan's termination date, when your PP-364 plan expires, you may have a gap in insurance coverage until you can begin coverage with a new PP-364 or other health insurance.

Not Minimum Essential Coverage

If you insure yourself with a PP-364 plan instead of a metallic plan that meets the Affordable Care Act requirements, you may have to pay a tax penalty, depending on your income and the cost of available metallic plans.

Notice to Applicants

Your Effective Date will be assigned by the Insurer. Insurance Coverage is Not Effective until the Coverage Applied for has been Accepted and Approved and Issued in Writing by the Insurer.

Pre-Existing Condition

No benefits will be provided during the term of the policy for any Pre-Existing Condition. A Pre-Existing Condition is a disease, illness, condition or an Injury and related complications for which medical advice, diagnosis, care or treatment was sought, received or recommended from a provider or prescription drugs were prescribed within the 2 year period immediately preceding the Insured's Effective Date of coverage; or that produced signs or symptoms within the 2 year period immediately preceding the Insured's Effective Date of coverage which would have caused an ordinarily prudent person to seek diagnosis or treatment.

Ten Day Free Look

You have ten (10) days after receiving the policy to return it if you are not satisfied for any reason. You may return it to the Insurer and receive a full refund of all premiums paid (application fees are not considered premium and are not refundable). Mail the policy with your written request for cancellation to the Insurer and they will promptly refund the premium paid and the insurance will be void.

Other Insurance

Insurance effective at any one time on the Insured under a like policy or policies with the Insurer is limited to the one such policy elected by the Insured, the Insured's beneficiary or estate, as the case may be. The Insurer will return all premiums paid for all other such policies.

Covered Expenses

An allowable charge that is covered by the policy and the Insurer determines is incurred for services, treatments or supplies prescribed by a physician; and incurred for Medically Necessary care; and incurred by an insured while the policy is in force as the result of a sickness, or an injury. A Covered Expense is incurred on the date the service is received or rendered. Covered Expense does not include any charge in excess of the Reasonable and Customary Amount.

Reasonable and Customary Amount

The lesser of: (1) The actual charge; or (2) What the provider would accept for the same service or supply in the absence of insurance; or (3) The reasonable amount as determined by the Insurer, based on factors such as: (a) the amount of resources expended to deliver the service or supply; or (b) the amount charged for the same or comparable service or supply in a community similar to where the service or supply is furnished; or (c) the costs incurred by providers in a community similar to where the service or supply is furnished and the amount by which such a service or supply is commonly marked up by providers; or (d) charging protocols and billing practices generally accepted by the medical community or specialty groups, including charging protocols and billing practices related to Medicare; or (e) inflation trends by geographic region.

Waiting Period Limitation

The Insurer will not pay benefits during the term of the policy for charges incurred due to a sickness that manifests itself before any Waiting Period. Benefits are available after 15 days for sickness. Benefits are available from the first day Covered Expenses are incurred for an injury that is sustained on or after the Effective Date of your coverage.

Renewability Provision:

The policy is not renewable. Coverage is in force only for the Benefit Period selected and approved by the Insurer as shown in the policy.

Premium

The premium amount is based on the coverage you selected and that has been approved by the Insurer. The premium will not change while the policy is in force.

Exclusions

The policy does not cover any of the following: (1) Suicide, attempted suicide or intentional self-inflicted injury, whether sane or insane; (2) Wounds intentionally inflicted on self; (3) Engaging in any illegal occupation or act; (4) Services for the diagnosis or treatment of any employment-related accidental Injury or Sickness; (5) War or act of war (whether declared or undeclared) or participating in a riot; (6) Commission of, or attempt to commit a felony; (7) Services of a private duty nurse rendered during Hospital confinement; (8) All services related to the evaluation or treatment of fertility and/or infertility; (9) Dental x-ray or treatment except when necessary because of an injury to sound natural teeth while insured under this policy and treatment is received while this policy is in force; (10) Pregnancy or childbirth; elective abortion or elective caesarean section except for Complications of Pregnancy as provided under the Benefits section; (11) Eyeglasses, contact lenses, hearing aids or the exam to determine the need; (12) Alcohol or drug addiction or any loss resulting directly or indirectly from the voluntary use of alcohol, drugs, narcotics, or hallucinogens unless taken on the advice of a Physician; (13) Injury sustained or Sickness which manifests itself while on full time duty in the armed forces. upon notice, we refund the premium received for the period of such service in the armed forces; (14) Obesity, weight program, weight treatment or surgery, dietary control or nutritional supplement; (15) Sterilization unless Medically Necessary or reversal or reconstruction of a sterilization procedure; (16) Sexual or reproductive dysfunction or inadequacies, unless necessary due to Sickness or injury occurring while insured under the policy; (17) Vision, speech, language or learning training or therapy unless necessary due to a Sickness or Injury occurring while insured under the policy; (18) Cosmetic or restorative treatment except for those expenses necessary to restore normal bodily function as a result of an Injury received or surgery performed while insured under this policy or that is provided under the Benefits section; (19) Charges for custodial care; respite care; rest care; or supportive care; (20) Charges for treatment of services due to Injury sustained while participating in any intercollegiate sport, contest or competition or while practicing, exercising, undergoing conditioning or physical preparation for any such sport, contest or competition; (21) Charges for foot conditions, including, but not limited to: care of corns, bunions, except capsular or bone surgery, calluses, toenails, and foot supportive devices, including orthotics and corrective shoes; (22) Treatment of mental illness, emotional or functional Nervous Disorders without demonstrable organic disease unless otherwise provided under the policy; (23) Experimental or Investigational Treatments or surgery unless provided under the Benefits section; (24) Preventive treatment including, but not limited to, routine physical exams and immunizations, unless provided under the Benefits section; (25) Treatment, services or supplies to address: smoking cessation, snoring or sleep disorders, the treatment or prevention of hair loss, change in skin pigmentation, or cognitive enhancement, except for treatment of Acquired Brain Injury as covered in the Benefits section of this policy; (26) Transplants, unless provided under the Benefits section; (27) Sickness or Injury eligible for benefits under worker's compensation, employers' liability or similar laws even when you do not file a claim for benefits; (28) Charges that are not for Medically Necessary reasons; (29) Charges in excess of the Reasonable and Customary Amount; (30) Any service or treatment rendered outside the territorial limits of the United States of America.



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YOUR PLAN QUOTE



Name		Primary Age	Primary Tobacco <input type="checkbox"/> NO <input type="checkbox"/> YES
Home ZIP Code	Dependents (Under 26 Years)	Spouse Age	Spouse Tobacco <input type="checkbox"/> NO <input type="checkbox"/> YES

Private Medical

Dental

Critical Illness

TOTAL PREMIUM

Monthly Premium		Monthly Premium	Monthly Premium	Benefits & Availability Vary by State. Quote is an estimate only, actual cost may vary.
Deductible <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000	Coverage for: <input type="checkbox"/> Primary <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent(s)	Coverage for: <input type="checkbox"/> Primary <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent(s)	Coverage for: <input type="checkbox"/> Primary <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent(s)	