INSURANCE SERVICES OF AMERICA

Distributed by:
Insurance Services of America
1757 E. Baseline Road, Ste 126
Gilbert, AZ 85233
Tel: (800) 647-4589 or (480) 821-9052
Fax: (866) 793-4779 or (480) 821-9297
Email: Alyssa@ISAbrokers.com
Web: www.ISAbrokers.com

The Bridge Plan

"Bridging the Gap to Medicare Eligibility"

PETERSEN
INTERNATIONAL UNDERWRITERS

The Bridge Plan Works Like This

The Bridge Plan is a major medical expense insurance plan intended for persons aged 60-95 who are awaiting acceptance as a participant in the U.S. Medicare System. Foreign Nationals are usually eligible to purchase Medicare Parts A & B five years after becoming U.S. Residents. While awaiting enrollment in Medicare, they may apply for coverage through The Bridge Plan. The Bridge Plan reimburses medically necessary expenses incurred.

Deductible

All eligible expenses are subject to the deductible. Deductible options are $1,000, $1,500, $2,500, $5,000, or $10,000 per policy period.

Coinsurance

After the deductible, the plan pays 80% of the next $10,000 of eligible medical expenses.

Thereafter

Once the deductible and coinsurance have been satisfied, 100% of eligible expenses are paid on the basis of usual, customary and reasonable charges, up to the policy maximum benefit of:

- $250,000 ages 60-74
- $100,000 ages 75-79
- $50,000 ages 80-89
- $25,000 ages 90-95

Policy Period

The Bridge Plan is a temporary plan and has a maximum policy period of 11 months. At the end of the 11 months, a non-US citizen may apply for a new term of insurance. US citizens are limited to a single policy period of up to 11 months.

Part A: Hospitalization

Hospitalization Benefits: Covered expenses include semi-private room and board charges, general nursing, miscellaneous hospital services and supplies, drugs, x-rays, laboratory tests and operating rooms.

Hospice Facilities Benefits: Such costs are covered, including medically necessary out-patient treatment. A physician must certify the need of such care.

Skilled Nursing Facility Benefits: Such costs are covered following a necessary hospital confinement of three days or longer and begins within 30 days following the hospital confinement.

Home Health Care Services Benefits: Skilled care at home is covered if such care is deemed to be medically necessary.

Part B: Physicians and Surgeons

Physicians 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.

Additional Information

- The insured may be treated by any doctor or at any hospital.
- Benefits paid are based on usual, customary and reasonable charges.
- The deductible and coinsurance are on a per policy period basis.
- The plan may include coverage for Part A, Part B or both.

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.

Who Needs The Bridge Plan

Senior aged people desire coverage under the Social Security Medicare program. There are some people who, either by residency status or other reasons, may not be currently eligible for Medicare. All permanent residents of the United States are eligible for Medicare at some point in time. There are three conditions for which The Bridge Plan plan is used as a substitute.

Medicare Restriction #1: Medicare will usually accept people who have been a permanent resident of the United States for at least five years. This does not require citizenship or any pre-payment into Social Security prior to eligibility. The only requirement is that they must pay a monthly premium to have both Part A and Part B.

Solution: The Bridge Plan is available to persons who have become permanent residents of the United States and who are within the five year waiting period for Medicare eligibility.

Medicare Restriction #2: Some people may be eligible for Medicare due to age and qualifications, but have failed to enroll. Enrollment is not automatic. Social Security does not remind people to enroll. If a person misses the enrollment period, that person must wait to enroll at a later date. This process may take as long as 18 months!

Solution: The Bridge Plan will cover that person with benefits similar to Medicare until the next enrollment opportunity.

Medicare Restriction #3: Some people, for various reasons, have only Part A or Part B. They may be able to acquire the additional part through Medicare, but at a later date.

Solution: The Bridge Plan may be sold with both Part A and Part B, just Part A, or just Part B.

FAQ's

Question #1: If I have a claim under the first policy, will the condition be considered a pre-existing condition on the renewal? **Answer:** The condition will be considered a pre-existing condition on any new term of insurance.

Question #2: If I have a chronic pre-existing condition such as diabetes necessitating regular treatment, will the policy provide coverage for medical expenses related to diabetes? **Answer:** Each policy has an exclusion for pre-existing conditions which has a 12 month look back. Since the condition will always require medication and regular care, it will fall into the pre-existing condition definition.

Question #3: I had a heart attack five years ago, will this still be considered a pre-existing condition? **Answer:** Due to the cardiac event, underwriters will most likely place a permanent exclusion for the entire cardiovascular system including heart attack and stroke.

Question #4: How will my premiums be determined on the renewals? **Answer:** Premiums will adjust every new term of insurance by age and any other underwriting ratings at that time. Premiums typically follow the chart from the current brochure.

Question #5: Will my prescription medications be covered under this plan? **Answer:** Prescriptions will be covered during a hospitalization. Maintenance medication is typically covered by a Medicare supplement under Medicare Part D and is not covered under the Bridge Plan.

Question #6: Do I need to pay the premium when I apply for the coverage? **Answer:** No, the premium is not due until the coverage has been approved by underwriters. If the payment is set up to be automated on a monthly basis, the payment will be drafted the day of the month the coverage became effective.

Question #7: Is there a list of doctors that I am restricted to? **Answer:** No, with the Bridge Plan, you may see any doctor and go to any hospital. The policy does not require that the insured use a specific network of doctors or hospitals.

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Monthly Premium Rates

Age	$1,000 Deductible	$1,500 Deductible	$2,500 Deductible	$5,000 Deductible	$10,000 Deductible
60	$366	$316	$258	$212	$204
61	$372	$322	$265	$217	$207
62	$378	$328	$272	$222	$210
63	$384	$334	$279	$227	$213
64	$390	$340	$286	$232	$216
65	$395	$344	$293	$238	$221
66	$413	$359	$301	$246	$227
67	$431	$374	$309	$254	$233
68	$449	$389	$317	$262	$239
69	$467	$404	$325	$270	$245
70	$484	$419	$335	$279	$252
71	$502	$433	$349	$290	$260
72	$520	$447	$363	$301	$268
73	$538	$461	$377	$312	$276
74	$556	$475	$391	$323	$284
75	-	$490	$408	$336	$296
76	-	$504	$421	$345	$304
77	-	$518	$434	$354	$312
78	-	$532	$447	$363	$320
79	-	$546	$460	$372	$328
80	-	-	$476	$381	$336
81	-	-	$498	$424	$368
82	-	-	$525	$467	$400
83	-	-	$550	$510	$432
84	-	-	$575	$553	$464
85	-	-	-	$598	$500
86	-	-	-	$641	$534
87	-	-	-	$684	$568
88	-	-	-	$727	$602
89	-	-	-	$770	$636
90	-	-	-	-	$673
91	-	-	-	-	$707
92	-	-	-	-	$741
93	-	-	-	-	$775
94	-	-	-	-	$809
95	-	-	-	-	$843

Additional Calculations:

- For Part A coverage only = above rates x .60
- For Part B coverage only = above rates x .60

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The Bridge Plan Application Form

To be eligible for the Bridge Plan coverage, you must not be eligible for Medicare. **If you have been a legal resident of the USA for five years, you are eligible to purchase Medicare and you should not complete this application.** Benefits are subject to all terms, limitations and conditions outlined in your certificate. Please read your certificate carefully once you receive it.

Applicant's Name: First _____ Middle _____ Last_____

Date of Birth: _____ / _____ / _____ Height: _____ Weight: _____ Sex: ❑Male ❑Female

Residence Address: _____

City _____ State _____ Zip Code _____

E-mail: _____ Telephone (_____) _____ - _____ Fax (_____) _____ - _____

Are You a US Citizen?: ❑ Yes ❑ No Length of Time Residing in the USA: _____

Requested Start Date: _____ Date you expect to be eligible for Medicare: _____

Deductible Amount: ❑ 1,000 ❑ 1,500 ❑ 2,500 ❑ 5,000 ❑ 10,000

Coverage Type: ❑ Bridge Part A & B ❑ Bridge Part A Only ❑ Bridge Part B Only

Last healthcare provider seen: a. Date and reason last seen: _____

b. Results of last visit: _____

If "Yes" is answered, please provide full details in the area provided below or attach a separate page if needed

1. Do you intend to engage in sports or any other pastimes that expose you to extra personal injury? ❑ Yes ❑ No
2. Have you ever been declined or accepted on special terms for life, accident or illness insurance? ❑ Yes ❑ No
3. Have you ever had any abnormal tests or blood work that have required additional evaluation or treatment? ❑ Yes ❑ No
4. Have you ever been evaluated or treated for any injury, condition or disorder involving the following? ❑ Yes ❑ No

a.	Eyes/Ears	❑ Yes ❑ No	o.	Back/spine/neck	❑ Yes ❑ No
b.	Gout	❑ Yes ❑ No	p.	Throat/Thyroid/Glands	❑ Yes ❑ No
c.	Skin	❑ Yes ❑ No	q.	Bones/Bone Density	❑ Yes ❑ No
d.	Hernia	❑ Yes ❑ No	r.	Arthritis/Joints (Hips Knees, Shoulders)	❑ Yes ❑ No
e.	Diabetes	❑ Yes ❑ No	s.	Fainting/Dizziness/Unconsciousness	❑ Yes ❑ No
f.	HIV/AIDS	❑ Yes ❑ No	t.	Fatigue/Tiredness/Paralysis/Weakness	❑ Yes ❑ No
g.	Sleep apnea	❑ Yes ❑ No	u.	Nervous System/Alzheimer's/Dementia	❑ Yes ❑ No
h.	Gall bladder	❑ Yes ❑ No	v.	Mental/Emotional/Psychiatric	❑ Yes ❑ No
i.	Concussions	❑ Yes ❑ No	w.	Respiratory System/Asthma	❑ Yes ❑ No
j.	Chronic Pain	❑ Yes ❑ No	x.	Circulatory system	❑ Yes ❑ No
k.	Lymph nodes	❑ Yes ❑ No	y.	Reproductive system	❑ Yes ❑ No
l.	Cancer/Growth	❑ Yes ❑ No	z.	Gastrointestinal System	❑ Yes ❑ No
m.	High blood pressure	❑ Yes ❑ No	aa.	Urinary system/Prostate	❑ Yes ❑ No
n.	Heart/Chest Pain/Stroke	❑ Yes ❑ No	ab.	Any other condition not listed above	❑ Yes ❑ No

5. Has your weight changed in the past year? ❑ Yes ❑ No
6. Have you ever undergone a surgical operation? ❑ Yes ❑ No
7. Have you taken any medicines in the past 12 months? ❑ Yes ❑ No
8. Have you ever been recommended to have any procedure(s), exam(s), treatment(s), and/or test(s) that have not been completed? ❑ Yes ❑ No
9. Other than the medical conditions noted on this application, I am in good health. ❑ Yes ❑ No
10. Do you need any assistance to perform activities of daily living (feeding, bathing, dressing)? ❑ Yes ❑ No

Questions # _____ Dates & Details: _____

Questions # _____ _____

Questions # _____ _____

Questions # _____ _____

DECLARATION

I declare that the above statements are true and complete. I am in good health and ordinarily enjoy good health. I agree that this proposal shall form the basis of the contract should the insurance be effected and any misstatements above may be grounds for rescission. I understand that this is a temporary insurance policy designed to reimburse the insured person for medical expenses incurred during the policy period and a new period of insurance is only available at the option of the underwriter and is subject to a new pre-existing condition exclusion. I understand the terms and conditions of this product. I also understand that since this is a temporary policy it is exempt from the Patient Protection and Affordable Care Act (PPACA) so pre-existing conditions are not covered by this policy.

Proposed Insured_____ Signature _____ Date_____

Please Print

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Limitations

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- Alzheimer's disease is limited to a lifetime maximum benefit of $25,000.
- Cardiac and/or Cancer related conditions are limited to a maximum benefit of $25,000 within the first 180 days after inception of the first policy. After 180 days, benefits will be paid as any other condition.
- Cataract surgery and procedures are limited to a maximum benefit of $2,000.

Conditions

1. 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 provider directly. Unless and until underwriters agree, this is a reimbursement plan.
2. The policy is issued on the basis of information given in the application. A copy of the application becomes a part of the policy of insurance.
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. 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.
6. These benefits are available only if there is no other source of funding available through any government insurance or private programs.

Pre-Existing Conditions

- 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.

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 US citizens and US 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.

Termination of Benefits

The insurance described in this Certificate will terminate upon the Expiry Date of this Certificate, 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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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 Sicknesses due to War or any Act of War whether declared or undeclared.
15. Injuries or Sicknesses due to Terrorism or any Act of Terrorism whether declared or undeclared.
16. Injuries or Sicknesses 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 Sicknesses 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.

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