

## ***TheInsuranceNet.com***

### **Instructions for applying for Immigrant health insurance**

- 1) Print out application.**
- 2) Fill out application completely.**
- 3) If paying by credit card, fax back to 410-796-7456 (24 hr fax)\* or call our office to enroll by phone.**
- 4) If paying by check or money order, make it payable to “Petersen International” and mail to....**

**TheInsuranceNet.com  
5965 Sandy Ridge  
Elkridge, MD 21075**

- 5) Call with questions 410-796-7497 or toll free 877-634-1256.**

# THE BRIDGE PLAN



**FOR**

*New U.S. Residents  
awaiting Medicare Eligibility*

*U.S. Residents  
awaiting Medicare Eligibility*

*U.S. Residents  
without Medicare Part A or Part B*



**PETERSEN INTERNATIONAL UNDERWRITERS**

*Lloyd's Correspondents*

23929 Valencia Boulevard Suite 215 Valencia California 91355-2186  
Telephone (800) 345-8816 (661) 254-0006 Facsimile (661) 254-0604  
E-Mail: [piu@piu.org](mailto:piu@piu.org) Website: [www.piu.org](http://www.piu.org)

Proposal for: \_\_\_\_\_

Age(s): \_\_\_\_\_

Date: \_\_\_\_\_

Policy period: \_\_\_\_\_

Deductible: \_\_\_\_\_

Premium: \_\_\_\_\_

Presented by: \_\_\_\_\_

# THE BRIDGE PLAN

## PETERSEN INTERNATIONAL UNDERWRITERS

5965 Sandy Ridge • Elkridge, MD 21075 • Tel (877) 634-1256 • fax 410-796-7456

*Underwritten by Certain Underwriters at Lloyd's*

**Name:** first \_\_\_\_\_ middle \_\_\_\_\_ last \_\_\_\_\_

**Current mailing address:** number & street \_\_\_\_\_

city \_\_\_\_\_ state \_\_\_\_\_ zip code \_\_\_\_\_

**Phone number:** \_\_\_\_\_ **Fax number:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**Date of birth:** \_\_\_\_\_ **Height:** \_\_\_\_\_ **Weight:** \_\_\_\_\_ **Sex:**  M  F

**Country of origin:** \_\_\_\_\_ **Length of time residing in the U.S.:** \_\_\_\_\_

**When do you expect to be eligible for Medicare?** \_\_\_\_\_

**Name and address of usual medical attendant:** \_\_\_\_\_

**Date and reason last seen:** \_\_\_\_\_

**Name and address of last medical attendant seen, if other than usual medical attendant (if none so state):** \_\_\_\_\_

**Date and reason seen:** \_\_\_\_\_

**Period of insurance required (not to exceed 12 months per period of insurance):** \_\_\_\_\_

**Commencing:** \_\_\_\_\_ **Deductible:** \$ \_\_\_\_\_  all cause  each cause

**Premium mode:**  annual  semi-annual  quarterly

**Please answer the following questions. When the answer to a question is YES, state full dates and details in the space below.**

- |  |  |
|--|--|
| 1. Do you have any physical defects or infirmity?..... <input type="checkbox"/> yes <input type="checkbox"/> no  | 6. a) Have you ever undergone a surgical operation?..... <input type="checkbox"/> yes <input type="checkbox"/> no  |
| 2. Is your sight or hearing defective?..... <input type="checkbox"/> yes <input type="checkbox"/> no   | b) Have you any reason to believe that a surgical operation may be necessary in the future?..... <input type="checkbox"/> yes <input type="checkbox"/> no                          |
| 3. Have you ever suffered from any nervous or mental condition, fainting episode, blackout, fit or paralysis of any kind?..... <input type="checkbox"/> yes <input type="checkbox"/> no          | 7. Have you ever been declined or accepted on special terms for life, accident or illness insurance?..... <input type="checkbox"/> yes <input type="checkbox"/> no                 |
| 4. Have you ever suffered from:  | 8. Do you intend to engage in winter sports or any other sports or pastimes rendering you liable to personal injury?..... <input type="checkbox"/> yes <input type="checkbox"/> no |
| a) high blood pressure, a heart condition, hemorrhoids, varicose veins or other circulatory disorder, rheumatic fever or diabetes?..... <input type="checkbox"/> yes <input type="checkbox"/> no | 9. Are there any additional facts affecting the proposed insurance which should be disclosed to the Underwriters?..... <input type="checkbox"/> yes <input type="checkbox"/> no    |
| b) a "slipped disc" or other spinal disorder, a hernia, or any rheumatic or arthritic condition?..... <input type="checkbox"/> yes <input type="checkbox"/> no                                   | 10. Are you currently taking any medications either prescribed or over the counter?..... <input type="checkbox"/> yes <input type="checkbox"/> no                                  |
| c) any respiratory, urinary or allergic condition, or any disorders of the stomach or bowels?..... <input type="checkbox"/> yes <input type="checkbox"/> no                                      | 11. Do you have any other medical insurance at this time?..... <input type="checkbox"/> yes <input type="checkbox"/> no  |
| d) any other condition requiring medical investigation or hospital treatment?..... <input type="checkbox"/> yes <input type="checkbox"/> no  | 12. Have you ever been insured by this plan or any other medical plan through Lloyd's of London? ..... <input type="checkbox"/> yes <input type="checkbox"/> no                    |
| 5. Have you ever suffered from any other conditions or injuries for which medical advice was sought?..... <input type="checkbox"/> yes <input type="checkbox"/> no                               |  |

Question number: \_\_\_\_\_ Dates and details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Authorization:** 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 Petersen International Underwriters.

**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 health. I agree to the Underwriters obtaining medical information from any doctor who has attended me and authorize such doctors to give information. 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 pre-existing conditions are not covered until I have been treatment free for 24 months after inception.

**Binding Arbitration-waiver of Right to Trial by Jury:** I understand and agree that any disputes concerning this insurance must be submitted to binding arbitration if the amounts in dispute exceed the jurisdictional limits of small claims court and is not resolved with a formal review by Underwriters. I understand and agree that this is a waiver of my and Underwriters rights to a trial by jury.

Proposed Insured \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_



# THE BRIDGE PLAN

## An Individual Major Medical Plan for People Awaiting Medicare Eligibility

### DESCRIPTION OF BENEFITS

The Bridge Plan is a major medical expense insurance plan intended for use by persons awaiting acceptance as a participant in the U.S. Medicare System. Foreign Nationals are eligible to participate in U.S. Medicare five years after becoming a U.S. Resident. Certain U.S. citizens not covered by both parts of Medicare A and B may also apply for coverage under this plan. The Bridge Plan pays medically necessary expenses incurred. The expenses eligible for payment under this plan are subject to the deductible, coinsurance and limitations as outlined in the certificate.

### The Bridge Plan pays like this...

#### Deductible

A choice of \$1,000, \$1,500 or \$2,500 per cause, per person or all-cause, per person if the optional all-cause deductible is selected.

#### Coinsurance

The plan pays 80% of the eligible expenses that exceed the deductible amount, up to the next \$10,000.

#### Thereafter

After the deductible and coinsurance amounts are satisfied, 100% of eligible expenses are paid on the basis of usual, customary and reasonable charges, up to the plan maximum of \$250,000 up to age 74. (\$100,000 maximum ages 75-79 and \$50,000 maximum ages 80 and up.)

#### Additional Information

1. The deductible and coinsurance are on a per cause, per policy period basis.
2. The maximum benefit, limitations and pre-existing conditions begin from the inception date of the first certificate.
3. The plan may include coverage for Part A, Part B or both.

#### Covered Expenses

**Part A:** These benefits include Hospitalization, Hospice Facilities, Skilled Nursing Facilities, and Home Health Care Services, based on medical necessity.

**Part B:** These benefits include the costs of Physicians and Surgeons on either an in-patient or out-patient basis, supplies, therapy and ambulance services, based on medical necessity.

### Plan highlights

- **Any Doctor and Any Hospital.**
- Conditionally renewable annually for **up to five years**. In the event of non-renewal, if hospitalized, benefits shall continue for up to thirty days beyond the period of insurance.
- Benefits paid based on **usual, customary and reasonable charges and not on diagnostic related groups**. (DRG is what Medicare uses. A much lower fee schedule.)
- **Spouse Discounts.**
- **Choice of Deductibles**

### Pre-existing conditions

A pre-existing condition means any condition which originated and which would have caused an ordinarily prudent person to seek medical diagnosis or treatment or was treated or diagnosed prior to the coverage effective date. A pre-existing condition shall not be covered until a period of 24 months, treatment free, has elapsed after inception of the first certificate.

The Bridge Plan, like Medicare, pays a large part of health care expenses, but it does not pay all of them. There are limits as to amounts payable.

*This is a brief description of the insurance provided by this plan.  
The Certificate of Insurance is the complete description of coverage.*



# THE BRIDGE PLAN

## An Individual Major Medical Plan for People Awaiting Medicare Eligibility

### PLAN RATES

EACH CAUSE DEDUCTIBLE			
	Quarterly	Semi-Annually	Annual
\$ 1,000 DEDUCTIBLE			
AGE (nearest)			
60-64	\$ 1048	\$ 1907	\$ 3496
65-69	1196	2176	3987
70-74	1467	2669	4891
75-79 (\$100,000 max. benefit)	N.A.	N.A.	N.A.
80-84 (\$50,000 max. benefit)	N.A.	N.A.	N.A.
\$ 1,500 DEDUCTIBLE			
AGE (nearest)			
60-64	\$ 898	\$ 1634	\$ 2994
65-69	1031	1876	3438
70-74	1270	2311	4235
75-79 (\$100,000 max. benefit)	1425	2593	4752
80-84 (\$50,000 max. benefit)	N.A.	N.A.	N.A.
\$ 2,500 DEDUCTIBLE			
AGE (nearest)			
60-64	\$ 722	\$ 1314	\$ 2409
65-69	826	1503	2755
70-74	1015	1847	3385
75-79 (\$100,000 max. benefit)	1146	2085	3820
80-84 (\$50,000 max. benefit)	1321	2404	4406

ALL CAUSE DEDUCTIBLE		
Quarterly	Semi-Annually	Annual
\$ 1,000 DEDUCTIBLE		
\$ 1199	\$ 2182	\$ 3998
1375	2503	4585
1687	2997	5624
N.A.	N.A.	N.A.
N.A.	N.A.	N.A.
\$ 1,500 DEDUCTIBLE		
\$ 1032	\$ 1879	\$ 3443
1186	2158	3953
1461	2659	4870
1639	2983	5464
N.A.	N.A.	N.A.
\$ 2,500 DEDUCTIBLE		
\$ 831	\$ 1512	\$ 2770
950	1729	3168
1167	2125	3892
1317	2398	4393
1499	2728	4998

For Policy Periods less than 12 months, premiums and benefit limits will be quoted by Underwriters.

#### Discounts:

Husband and Wife Discounts; Younger spouse = 50% discount;

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

### FIELD UNDERWRITING GUIDELINES

- **Do not send money with the application.**
- Each applicant must fill out his or her own application.
- Applications may be submitted on originals, photocopies or facsimiles.
- Effective dates are either 24 hours after completion of underwriting and receipt of premium, or a requested date up to 30 days after the approval.
- Upon underwriting approval, we will notify you and request that you pick up the premium. We will bind coverage after confirmation of premium receipt. This may include a Fax of the check to our office.
- The certificate, will be mailed the day we receive the premium and the application which bears the original signature.



*This is a brief description of the insurance provided by this plan.  
The Certificate of Insurance is the complete description of coverage.*

# THE BRIDGE PLAN

## DESCRIPTION OF BENEFITS

### 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 thirty 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.

### Conditions:

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 plan.
2. The certificate is issued on the basis of information given in the Application. A copy of the Application becomes a part of the certificate 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. This coverage 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.

### Limitations and Exclusions

#### Expenses which have limitations include:

Alzheimer's is limited to a lifetime maximum benefit of \$25,000.

Cardiac related conditions are limited to a maximum benefit of \$25,000 the first 180 days after inception. After 180 days, benefits will be paid as any other condition.

Cataract surgery and procedures are limited to a maximum benefit of \$2,000.

**Expenses which are not covered include:** Any expense which you are not legally obligated to pay; services which are not medically necessary or are not furnished by and under supervision of a Physician; any type of expense for which payment was made by Medicare or any other private or public program; expenses incurred in excess of usual, customary, and reasonable charges in your home area; outpatient drugs; self-inflicted injuries while sane; treatment of alcoholism, drug addiction, allergies, and nervous or mental disorders; rest cures, quarantine or isolation; cosmetic and plastic surgery unless necessitated by an accidental injury; dental exam, dental x-rays and general dental care except as the result of an accidental injury; eye glasses; hearing aids; general or routine exams; coverage outside the boundaries of the United States; injuries due to war or any act of war, whether declared or undeclared; or while committing a criminal or felonious act; or expenses for or resulting from subjective pain. Injuries sustained from participation in hazardous sport (mountaineering, hang gliding, scuba diving, etc.); This policy will automatically cease upon eligibility of the insured into the United States Medicare System. It is your responsibility to enroll in Medicare when you are first eligible.

*This is a brief description of the insurance provided by this plan.  
The Certificate of Insurance is the complete description of coverage.*

# THE BRIDGE PLAN

## An Individual Major Medical Plan for People Awaiting Medicare Eligibility

### THE PROBLEM

Senior age 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 and citizens 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 temporary substitute.



### WHO BUYS AND NEEDS THE BRIDGE PLAN?

#### New United States Residents

Medicare will accept people who have been a permanent resident of the United States for at least five years.

This does not require citizenship or any payment into Social Security prior to eligibility. The only requirement is that they must pay a 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 awaiting Medicare eligibility.

#### United States Residents/Citizens Who Missed Medicare Enrollment

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 they miss their enrollment period they must wait to enroll at a later date. This may be as much as 18 months later!

**Solution** The Bridge Plan will cover them with benefits similar to Medicare on a temporary basis until the next enrollment opportunity.

#### A Person On Medicare Who Does Not Have Either Part A or Part B

Some people, for various reasons, have only Part A or Part B. They may be able to get 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.

#### DON'T FORGET!

Like Medicare, The Bridge Plan covers individuals while in the United States only! If they plan to travel, they need the added security of the International Major Medical Plan for the time they will be outside the U.S.A.

#### New Option Available!

The All-Cause Deductible Option may replace the plan's standard Per Cause deductible. This changes the deductible to a single deductible for all claims within the plan's period of coverage.

**All permanent residents and citizens of the United States are eligible for Medicare at some point in time!**