

OREGON INDIVIDUAL HEALTH INSURANCE POLICY DISCLOSURE STATEMENT

(Agent or insurance company representative)

(Address)

Completed this questionnaire on _____ for
(Date)

(Applicant)

(Address)

describing _____
(Policy name, form number)

an individual health insurance policy providing coverage for _____

This policy is underwritten by

(Insurance company or health care service contractor)

(Address)

NOTICE

This disclosure statement answers questions consumers often ask about health insurance coverage and costs. It highlights some of the important issues that frequently affect consumers. It is intended for your use whether you are purchasing health insurance for the first time or whether you are replacing or adding to your existing coverage.

Are You Considering Replacing Your Current Coverage? Before you replace your current policy with another, you should review both policies in order to determine whether replacement is in your best interests. The new coverage may be different in important respects. You should be aware of these differences, whether they are temporary or permanent. If you obtained your current policy from another agent or a representative of another company, be sure to ask that agent or representative any questions you may have about that policy.

Are You Considering Adding to Your Current Coverage? Before you add new coverage to your current coverage, you should review both policies to ensure that you are not purchasing unnecessary coverage. If you obtained your current policy from another agent or a representative of another company, be sure to ask that agent or representative any questions you may have about that policy and the need for additional coverage.

Questions? Ask for Help. If you have any questions that are not answered by this disclosure statement, be sure to ask your agent or insurer representative.

Read Your Policy! If you purchase the offered policy, read it carefully as soon as you receive it. Because it is an individual policy, you will have an opportunity to send it back and obtain a premium refund.

Fill Out Your Application Carefully! Be sure to fill out all portions of your application completely and truthfully. If misstatements are made or information about your health are omitted from the application, the insurer may void the policy or deny your claims. If your age is misstated, the amounts payable on claims may be reduced.

We hope this disclosure statement will help you with your insurance purchase. However, please note that the statement is not intended to be a part of the policy and that only the language of the policy issued by the insurer is final and binding.

QUESTIONS AND ANSWERS

GENERALLY

1. Does the insurer have a list of doctors or hospitals, or both, under contract that are considered "preferred" or "participating"?

YES (Proceed to next question) NO (Proceed to question 5)

2. May I use doctors or hospitals that are not on the list?

YES _____ (Proceed to next question) NO (Proceed to question 5)

3. Will I save money by using the doctors or hospitals on the list instead of others?

YES NO

4. Will doctors and hospitals on the list accept benefits paid under the policy as full payment and not bill me for the balance (other than for deductibles and co-payments)?

YES NO

5. (If the coverage offered is comprehensive major medical) Pregnancy Benefits:

(a) What are the policy's benefits and limitations with respect to pregnancy? (Include such applicable imitations as waiting periods and preexisting conditions periods)

(b) Will the offered policy cover a pregnancy without complications if the pregnancy is in existence at the time of the policy's issuance?

YES NO

Are You Replacing Coverage?

6. If I replace my current policy with another and there is no lapse or gap in coverage, will my enrollment under the old policy count toward meeting any waiting periods under the new policy, such as for preexisting condition limitations?

YES NO

OTHER (Explain) _____

7. Will expenses I incurred under my current policy during the current policy year be credited to the new policy's deductibles?

YES NO

8. If I have a health condition existing when the offered policy is issued, will that condition be covered as of the date of issuance?

YES _____. NO _____ If not, when will it be covered?

9. Does the policy contain any dollar limitations on specific benefits?
YES _____ NO _____. Any limits on specific benefits, such as hospitalization? YES _____ NO _____.

If "YES" to either question, please explain:

C. Are You Adding Coverage to Your Current Policy?

10. If coverage under the new policy duplicates coverage under my current policy, will the new policy pay if my current policy also pays? (NOTE: You should ask the agent or company representative who sold you your current policy whether your current policy will pay if the new policy pays.)