

Underwritten By:



Core Short-Term Medical Insurance

Also Referred to as Short-Term Limited-Duration Insurance or Short-Term Health Insurance



Core Short-Term Health Insurance Plans

Health insurance for individuals looking for lower deductible options

JKB Consulting Group Core short-term health insurance plans help cover everyday medical expenses like doctor office visits and optionally, prescription drug costs, but have more limited coverage for major services like hospital stays and surgeries. This helps you tailor health coverage to just what you need and not spend money on services you might not use.

Important Plan Features

- ✓ Access to First Health Network*
- ✓ Annual preventative exam paid 100%
- ✓ Annual OB-GYN exam, mammogram, ovarian cancer monitoring, colorectal cancer and prostate screening coverage
- ✓ Childhood immunizations and routine service coverage
- ✓ Inpatient and Outpatient Mental Health and Substance abuse benefits
- ✓ Organ transplant benefits
- ✓ HIV coverage
- ✓ Joint, neck, and spine injury coverage
- ✓ Non-insurance Telemedicine

Access to First Health Network

Access to more than 6,000 hospitals, over 130,000 ancillary facilities and over 845,000 professional medical providers at over 1 million healthcare service locations.*

Short-Term Medical Insurance Disclosure

This coverage is not required to comply with certain federal market requirements for health insurance, principally those contained in the Affordable Care Act. Be sure to check your Certificate carefully to make sure you are aware of any exclusions or limitations regarding coverage of preexisting conditions or health benefits (such as hospitalization, emergency services, maternity care, preventive care, prescription drugs, and mental health and substance use disorder services). Certificate might also have lifetime and/or annual dollar limits on health benefits. If this coverage expires or you lose eligibility for this coverage, you might have to wait until an open enrollment period to get other health insurance coverage. Also, this coverage is not "minimum essential coverage".

Pre-Existing Condition Exclusion

This plan has a pre-existing limitation provision that may prevent coverage from applying to medical conditions that existed prior to this plan effective date.

If an insured relocates to a state where short term medical insurance forms are not available, a new policy cannot be issued at the expiration date of the policy currently in force.

Benefits vary by state. Limitations may apply.

*Persons insured under this plan can choose to be seen by any provider. First Health Network it is not an insurance benefit; it provides access to doctors and facilities who have contracted to provide specific medical care at negotiated rates and is not affiliated with the Company. December 2020, First Health Data Warehouse.

What do Core plans cover?

	CORE 1000	CORE 2000
Deductible	\$1,000	\$2,000
Coinsurance (Percentage you pay)	20%	
Maximum Out-of-Pocket (Includes Coinsurance, Deductible, and Medical Copayments)¹	\$2,000	\$3,000
Coverage Period Max Benefits	\$750,000	
Prescription Drugs²	Discount Only	No Deductible; \$10 Copay for Generics \$30 Copay for Preferred \$75 Copay for Non-Preferred
General Practitioner Doctor Office Visit	\$30 copay; max 3 visits combined with General Practitioner Doctor Office visits per coverage period ³	
Urgent Care and Specialty Doctor Office Visit	\$60 copay; max 3 visits combined with Specialist and Urgent Care Facility visits per coverage period ³	
Emergency Room	\$250 Copay after which deductible and coinsurance apply, limited to a \$500 benefit per visit. If the person is directly admitted as an In-patient, copay and benefit limits are waived ⁴	
Outpatient Surgical Facility	Subject to deductible and coinsurance up to \$1,000 maximum per day	
Hospital Room and Board	Subject to deductible and coinsurance up to \$1,000 maximum per day, 90% of private room rate	
Hospital ICU Room and Board	Subject to deductible and coinsurance up to \$1,250 maximum per day, 90% of private room rate	
Surgeon Services	Subject to deductible and coinsurance up to \$2,500 per surgery, up to \$5,000 maximum per coverage period	
Ambulance	Subject to deductible and coinsurance up to \$250 per trip for ground ambulance Subject to deductible and coinsurance up to \$250 per trip for air ambulance	
Home Health Care	Subject to deductible and coinsurance 1 visit per day, up to 40 days per coverage period	
Skilled Nursing Care	Subject to deductible and coinsurance up to \$150 maximum per day, up to 60 days per coverage period	
Preventive Examination	Subject to deductible, not to exceed \$200 per coverage period	

Benefit Rules & Limitations:

1 Family out-of-pocket limit is three times the individual maximum. See Plan Details for additional limitations and exclusions.

2 Benefits will not exceed \$1,000 for Coverage Periods of 6 months or less. Benefits will not exceed \$2,000 for Coverage Periods of more than 6 months.

3 A copayment applies to the first 3 visits for General Practitioner, Specialty Doctor, and Urgent Care. All Doctor Office visits after the first 3 are subject to deductible and coinsurance. Additional services performed during an office visit are subject to deductible and coinsurance.

4 \$500 limit includes the emergency room physician charge and all miscellaneous medical charges including X-rays, scans, laboratory, blood, therapy, oxygen, casts, splints, medicines, injections, chemotherapy and medical supplies. \$500 limit is waived if the person is admitted as an In-patient to the Hospital or Observation Unit for further treatment.

What do Core plans cover?

	CORE 1000	CORE 2000
Routine Child Care Services	Subject to deductible and coinsurance. Immunizations are not subject to the deductible. Additional services performed during an office visit are subject to deductible and coinsurance.	
Athletic Injury ¹	Athletic Injury same as any other illness/accident	
Mammography ²	Subject to deductible and coinsurance	
Routine Annual OB-GYN Exam ³	Subject to deductible and coinsurance	
Ovarian Cancer Monitoring	Subject to deductible and coinsurance	
Speech Therapy/Occupational Therapy/Physical Therapy ⁴	Subject to deductible and coinsurance 1 visit per day, up to \$50 per visit	
Mental Disorder Inpatient and Outpatient	Subject to deductible and coinsurance	
Substance Abuse	Subject to deductible and coinsurance Inpatient: Up to \$100 per day limited to 31 days per coverage period Outpatient: Up to \$50 per day limited to 10 visits per coverage period	
Organ or Tissue Transplant	Subject to deductible and coinsurance, not to exceed \$10,000 per coverage period.	

Benefit Rules & Limitations:

1 Semi professional, professional, non-recreation and hazardous sports are excluded.

2 Deductible does not apply in FL for Mammograms.

3 Deductible does not apply in FL for Routine Annual Obstetric Gynecological Examination.

4 Rehabilitative Services Only.