

Prime Short-Term Medical Insurance Plans

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



Why Short-Term Medical Insurance Plans?

Short-term medical insurance provides a limited duration medical insurance solution until a qualified health plan is chosen, helping reduce your financial risk. It allows you to pivot to help meet your life's needs. There are no doctor or hospital network restrictions, so you have the freedom to choose where to receive care.

Important Plan Features

- ✓ Up to \$1,000,000 in benefits per coverage period
- ✓ Deductible options from \$1,000 to \$10,000
- ✓ Annual preventive exam paid 100%
- ✓ Doctor office copay options
- ✓ Prescription drug copays with no deductible on some plans
- ✓ 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
- ✓ Free and unlimited telemedicine benefit
- ✓ Freedom to choose any doctor or hospital – no networks

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.

Short-Term Medical Insurance Plans

	ECONOMY	CHOICE	STANDARD	DELUXE
Deductible	\$3,000, \$5,000, \$7,500 or \$10,000	\$1,000, \$2,000, \$5,000, or \$10,000	\$2,000, \$3,000 or \$5,000	\$1,000, \$2,500 or \$5,000
Coinsurance (Percentage you pay)	20% or 30%	20% or 30%	20%	20%
Out-of-Pocket Maximum (Includes Coinsurance, Deductible, and Medical Copayments)¹	\$13,000, \$15,000, \$17,500 or \$20,000	\$11,000, \$12,000, \$15,000 or \$20,000	\$7,000, \$8,000 or \$10,000	\$4,000, \$5,500 or \$8,000
Overall Maximum Benefit²	\$100,000, \$250,000, \$500,000 or \$1,000,000	\$100,000, \$250,000, \$500,000 or \$1,000,000	\$250,000 or \$500,000	\$500,000 or \$1,000,000
General Practitioner Doctor Office Visit	Subject to deductible & coinsurance	\$30 copay; max 3 visits combined with Specialist and Urgent Care Facility visits per coverage period ³	Subject to deductible & coinsurance	\$30 copay; max 3 visits combined with Specialist and Urgent Care Facility visits per coverage period ³
Specialty Doctor Office Visit and Urgent Care	Subject to deductible & coinsurance	\$60 copay; max 3 visits combined with General Practitioner visits per coverage period ³	Subject to deductible & coinsurance	\$60 copay; max 3 visits combined with General Practitioner visits per coverage period ³
Preventive Examination	1 visit per coverage period not to exceed \$200 per coverage period.	1 visit per coverage period not to exceed \$200 per coverage period.	1 visit per coverage period not to exceed \$200 per coverage period.	1 visit per coverage period not to exceed \$200 per coverage period.
Child Immunizations	Not subject to deductible	Not subject to deductible	Not subject to deductible	Not subject to deductible
Athletic Injury	Athletic Injury same as any other illness/accident	Athletic Injury same as any other illness/accident	Athletic Injury same as any other illness/accident	Athletic Injury same as any other illness/accident
Mammography⁴	Subject to deductible & coinsurance	Subject to deductible & coinsurance	Subject to deductible & coinsurance	Subject to deductible & coinsurance

¹Family Out-of-Pocket Maximum is 3x the individual Out-of-Pocket Maximum.

²Due to state regulations in Indiana, total coverage maximum is \$2,000,000.

³A 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.

⁴Deductible does not apply in FL for Mammograms.

Short-Term Medical Insurance Plans

	ECONOMY	CHOICE	STANDARD	DELUXE
Routine Annual OB-GYN Exam¹	Subject to deductible & coinsurance	Subject to deductible & coinsurance	Subject to deductible & coinsurance	Subject to deductible & coinsurance
Ovarian Cancer Monitoring	Subject to deductible & coinsurance	Subject to deductible & coinsurance	Subject to deductible & coinsurance	Subject to deductible & coinsurance
Prescription Drugs^{2,3}	Discount Only	Discount Only	No Deductible; \$10 Copay for Generics \$30 Copay for Preferred \$75 Copay for Non-Preferred	No Deductible; \$10 Copay for Generics \$30 Copay for Preferred \$75 Copay for Non-Preferred
Emergency Room	\$450 copay, unless the Insured Person is directly admitted as an In-patient, then subject to deductible & coinsurance	\$250 copay, unless the Insured Person is directly admitted as an In-patient, then subject to deductible & coinsurance	\$350 copay, unless the Insured Person is directly admitted as an In-patient, then subject to deductible & coinsurance	\$250 copay, unless the Insured Person is directly admitted as an In-patient, then subject to deductible & coinsurance
Outpatient Surgical Facility	\$500 copay, then subject to deductible & coinsurance	Subject to deductible & coinsurance	Subject to deductible & coinsurance	Subject to deductible & coinsurance
Hospital Confinement⁴	\$750 copay, then subject to deductible & coinsurance	Subject to deductible & coinsurance	\$500 copay, then subject to deductible & coinsurance	Subject to deductible & coinsurance
Preventive Examination	1 visit per coverage period not to exceed \$200 per coverage period.	1 visit per coverage period not to exceed \$200 per coverage period.	1 visit per coverage period not to exceed \$200 per coverage period.	1 visit per coverage period not to exceed \$200 per coverage period.
Ground Ambulance	Subject to deductible & coinsurance up to \$1,000 per trip	Subject to deductible & coinsurance up to \$1,000 per trip	Subject to deductible & coinsurance up to \$1,000 per trip	Subject to deductible & coinsurance up to \$1,000 per trip
Air Ambulance	Subject to deductible & coinsurance up to \$2,500 per trip	Subject to deductible & coinsurance up to \$2,500 per trip	Subject to deductible & coinsurance up to \$2,500 per trip	Subject to deductible & coinsurance up to \$2,500 per trip
Home Healthcare⁵	Subject to deductible & coinsurance, up to 40 visits per coverage period	Subject to deductible & coinsurance, up to 40 visits per coverage period	Subject to deductible & coinsurance, up to 40 visits per coverage period	Subject to deductible & coinsurance, up to 40 visits per coverage period

¹Deductible does not apply in FL for Routine Annual Obstetric Gynecological Examination.

²Mail Order Not Covered.

³Benefits 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.

⁴Not to exceed 90% of private room rate.

⁵Coverage is limited to 1 visit per day.

Short-Term Medical Insurance Plans

	ECONOMY	CHOICE	STANDARD	DELUXE
Speech Therapy/ Occupational Therapy/ Physical Therapy¹	Subject to deductible & coinsurance, then up to \$50 per day, limited to 1 visit per day and a total of 20 visits per coverage period for all ST/OT/PT Combined	Subject to deductible & coinsurance, then up to \$50 per day, limited to 1 visit per day and a total of 20 visits per coverage period for all ST/OT/PT Combined	Subject to deductible & coinsurance, then up to \$50 per day, limited to 1 visit per day and a total of 20 visits per coverage period for all ST/OT/PT Combined	Subject to deductible & coinsurance, then up to \$50 per day, limited to 1 visit per day and a total of 20 visits per coverage period for all ST/OT/PT Combined
Mental Disorder Inpatient and Outpatient	Subject to deductible & coinsurance	Subject to deductible & coinsurance	Subject to deductible & coinsurance	Subject to deductible & coinsurance
Substance Abuse	Subject to deductible & 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	Subject to deductible & 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	Subject to deductible & 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	Subject to deductible & 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.	Subject to deductible and coinsurance, not to exceed \$10,000 per coverage period.	Subject to deductible and coinsurance, not to exceed \$10,000 per coverage period.	Subject to deductible and coinsurance, not to exceed \$10,000 per coverage period.
Prosthetics & Orthotics	Subject to deductible and coinsurance, not to exceed \$2,500 per coverage period.	Subject to deductible and coinsurance, not to exceed \$2,500 per coverage period.	Subject to deductible and coinsurance, not to exceed \$2,500 per coverage period.	Subject to deductible and coinsurance, not to exceed \$2,500 per coverage period.

¹Rehabilitative Services Only