

Short-Term Health Plan Guide

Simple Coverage Options for
Times of Transition





What is a

Short-Term Health Plan?

Short-term health insurance is transitional health coverage you can purchase any time during the year.

This type of insurance may be right for you if:

- You do not have insurance from your employer (or are self-employed) and you missed the Open Enrollment Period
- You are waiting for the insurance from your employer to start and do not want to go without health coverage
- You need to buy health insurance and do not have a qualifying life event for a Special Enrollment Period (such as a marriage, having a baby or moving to another state)
- You are under 65 and do not need coverage for pre-existing conditions
- You are a recent graduate, temporary or seasonal employee, or are currently between jobs
- You are looking for budget-friendly health insurance options that are affordable

Key features:

- Coverage options for up to 182 or 364 days per year (with an option to extend your coverage up to two times when reapplying)
- Can apply for coverage any day of the year, no need to wait
- Coverage begins as early as the next day after application
- Low, affordable monthly premiums
- Access to a broad national network of healthcare professionals and hospitals, SuperMed PPO
- Coverage can be extended to your family members and dependents, including children under 26 years old

PLAN DESIGNS

There are five plans to choose from, according to your budget and coverage needs

1 SELECT YOUR DEDUCTIBLE

- \$1,000, \$2,500, \$5,000 or \$10,000

FOCUS ON ...

The deductible option if you are concerned about the amount you have to pay before your insurance begins to cover your health benefits. As a rule, plans with a higher deductible will have a lower monthly premium payment with more upfront out-of-pocket expenses.

2 SELECT YOUR COPAY

With Copay

- Short Term 1000 Copay, Short Term 2500 Copay, Short Term 5000 Copay, Short Term 10000 Copay

Without Copay

- Short Term 10000

FOCUS ON ...

Plans with copay if you prefer to have a fixed amount for doctor visits, and have the remaining balance covered by the insurance company.

3 SELECT YOUR LENGTH OF COVERAGE

- 182-day plans

- 364-day plans

FOCUS ON ...

How long you want to be covered for. If you are enrolled in a short-term plan but no longer need it, you can cancel at any time with no penalty.



Short-Term 182-Day Plan Options

	Short Term 1000 Copay	Short Term 2500 Copay	Short Term 5000 Copay	Short Term 10000 Copay	Short Term 10000
Deductible	\$1,000	\$2,500	\$5,000	\$10,000	\$10,000
Out of Pocket Not including deductible	\$5,000	\$5,000	\$5,000	\$5,000	\$5,000
Member Coinsurance	20%				
Primary Care Provider Office Visit	\$40				20% after deductible
Specialist Visit/Urgent Care	\$80				
Number of Office Visits with Copay	2				N/A
Additional Office Visits	Deductible/coinsurance				
Emergency Room	\$250 copay; 20% after				
Adult Physical Exam Age 9 and Over	Deductible/coinsurance				
Rx Deductible	\$250				
Rx Coinsurance	20%				
Benefit Period Rx Maximum Per Person	\$500				
Retail National Plus and the ACA High-Performance Closed Formulary with Specialty Solutions	20% after deductible				
Rx Home Delivery 30-day supply	20% after deductible				

Benefits Included in All Plan Options

- Wellness visits—adult physical exams and well-child care visits*
- Doctor visits—sick visits to your doctor
- Telemedicine services—online visits with your doctor via video-conferencing technology
- Hospitalization—admissions to a hospital for inpatient care
- Emergency care—emergency treatments at ER and ambulance transportation

Please note that pre-existing conditions are not covered.

Please refer to your certificate of coverage for full list of covered services as well as details about your financial responsibility.

Please keep in mind that in order to receive the most benefits at lowest expense, all covered services must be provided by a SuperMed PPO network provider. In the event you use a provider outside of the PPO network, you will be responsible for any balance due between the provider's charge and the allowed amount, in addition to any deductibles, copayments, coinsurance, and non-covered charges. You can always find a PPO provider at [MedMutual.com/SuperMedPPO](https://www.MedMutual.com/SuperMedPPO).

*Well-child services: Exams and immunizations are limited to \$500 per child up to age one; thereafter, \$150 per child per birth year up to age nine.

Short-Term 364-Day Plan Options

	Short Term 1000 Copay	Short Term 2500 Copay	Short Term 5000 Copay	Short Term 10000 Copay	Short Term 10000
Deductible	\$1,000	\$2,500	\$5,000	\$10,000	\$10,000
Out of Pocket Not including deductible	\$5,000	\$5,000	\$5,000	\$5,000	\$5,000
Member Coinsurance	20%				
Primary Care Provider Office Visit	\$40				20% after deductible
Specialist Visit/Urgent Care	\$80				
Number of Office Visits with Copay	4				N/A
Additional Office Visits	Deductible/coinsurance				
Emergency Room	\$250 copay; 20% after				
Adult Physical Exam Age 9 and Over	Deductible/coinsurance				
Rx Deductible	\$250				
Rx Coinsurance	20%				
Benefit Period Rx Maximum Per Person	\$1,000				
Retail National Plus and the ACA High-Performance Closed Formulary with Specialty Solutions	20% after deductible				
Rx Home Delivery 30-day supply	20% after deductible				

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Strengthen Your Coverage

Dental, Vision, Accident, Critical Illness and Life

Dental

Dental health has a big impact on your overall health, which is why we offer a variety of dental plans. Our plans offer access to more than 4,000 providers in Ohio and nearly 70,000 providers across all 50 states, making it easy for members to get the care they need at an affordable price. Visit [MedMutual.com/Dental](https://www.MedMutual.com/Dental) to find a dental plan that is right for you.

Vision

Our affordable vision plan provides coverage for eye exams and glasses or contact lenses. Like our dental plans, you can add vision coverage to a Medical Mutual individual health insurance plan. Visit [MedMutual.com/VisionPlan](https://www.MedMutual.com/VisionPlan) to secure vision coverage.

Accident and Critical Illness

Medical Mutual's accident and critical illness plans pay a cash benefit to help you take care of expenses that health insurance may not cover, such as deductibles, copays, coinsurance as well as personal bills. Find a plan that is right for you and your family at [MedMutual.com/Accident](https://www.MedMutual.com/Accident).

Life

Life insurance pays a benefit to your designated beneficiary if you pass away which can help cover final expenses and provide financial stability for your family. Find the right plan to help protect your family and take care of their financial future if the unexpected were to happen. Visit [MedMutual.com/Life](https://www.MedMutual.com/Life) to explore which option is right for you and your family.

Eligibility

To qualify to enroll in a short-term plan you must meet the following conditions:

- Live in Ohio at least six months of the year
- Must not be eligible for Medicare
- Must not have health coverage through your employer

Limitations and Exclusions

Coverage is not provided for the following services:

- Work-related sickness or injury eligible for coverage under worker's compensation
- Other routine and wellness services except for those listed under the wellness benefit
- Weight loss surgery
- Marital counseling
- Transsexual surgery
- Infertility treatment
- Normal pregnancy and elective abortions
- Dental services
- Hearing loss services and hearing aids
- Eye exams, corrective eye surgery, eye glasses and contact lenses
- Drug abuse services
- Mental health care services

For a full list of exclusions please refer to your certificate of coverage.

How to Enroll

To get a quote online and enroll in a short-term plan, visit [MedMutual.com/ShortTermPlans](https://www.MedMutual.com/ShortTermPlans).

For questions about plan coverage and enrollment, talk to your insurance agent or call Medical Mutual at 1-855-444-0162.

Helpful Terms

This list defines some common healthcare terms you might not know. Understanding these terms can help you choose a plan that best meets your needs.

Coinsurance

The percentage of a medical bill you share with your insurance company after you've paid your deductible. For example, if you have a \$100 doctor's bill and your plan covers 80 percent, the coinsurance amount you owe to the doctor's office is 20 percent, or \$20.

Copay (or copayment)

The amount you pay a healthcare provider at the time you receive services. For instance, you may have to pay a copay for each covered visit to your doctor. Not all plans require a copay.

Deductible

The amount you pay before health plan benefits are provided. Once the deductible is met, covered services will begin to be paid.

Preexisting Condition

A condition for which you would seek medical advice, diagnosis, care or treatment; or for which you received medical treatment, used prescription drugs or were advised by a doctor to receive treatment prior to your enrollment in a healthcare plan.

Premium

The amount you pay each month for your health insurance plan.

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 policy 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). Your policy 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.



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