

# SHORT TERM (STM) PLAN COMPARISON

- Chart assumes using network providers
- All plans: \$2 million lifetime benefit max

STM

ENHANCED STM

TRITERM

Plus Elite A

Plus Select A

Value Select A

Plus Elite

Copay

Plus

Value







Copay Select Max

Plan 80 Max

Plan 100 Max

<b>DEDUCTIBLE OPTIONS</b>	\$1,000 (except Plus Elite A); all: \$2,500 \$5,000 \$10,000 \$12,500			\$1,000 (only Plus); all: \$2,500 \$5,000 \$7,500 \$10,000 \$12,500				\$2,500 (except Plan 100); all: \$5,000 \$7,500 \$10,000 \$12,500		
<b>COINSURANCE</b>	0%	20% or 40%	30% or 40%	0%	20%	20%	30%	30%	20%	0%
<b>COINSURANCE MAXIMUM</b>	\$0	\$2,000/ \$5,000/ \$10,000	\$5,000/ \$10,000	\$0	\$5,000/ \$10,000	\$2,000/ \$5,000/ \$10,000	\$5,000/ \$10,000	\$4,500	\$2,000	\$0
<b>APPLICATION FEE</b> fee is less or refundable in some states	\$20			\$0				\$40		
<b>COVERAGE TERM</b> length available varies by state	up to 360 days			up to 12 months (less 1 day)				3 years (less 1 day)		
<b>EARLIEST EFFECTIVE DATE</b>	Next day after app			Next day after app				5 days after app		
<b>ILLNESS COVERAGE BEGINS</b>	After 5 days			On effective date				On effective date		

% = Coinsurance after plan deductible

 <b>DOCTOR OFFICE VISITS</b>	%			%	\$75 copay <sup>1</sup>	%	\$50 copay <sup>2</sup>	%		
 <b>URGENT CARE VISITS</b>	\$75 copay			\$75 copay				\$75 copay	%	
 <b>PREVENTIVE CARE</b> waiting period?	Not covered			Specific coverage <sup>3</sup> No waiting period				\$200 max benefit per person 6-month wait 1st term only		
 <b>ER VISITS</b>	\$250 copay, then %			% (+ \$500 deductible if not admitted)				% (for illness: + \$500 deductible if not admitted)		
 <b>TIER 1 OUTPATIENT RX COPAY</b> (if applicable)	% \$3,000 max		Not covered Discount card provided	\$25 copay			Not covered Discount card provided	\$25 copay	% \$5,000 max	
 <b>OUTPATIENT RX COVERAGE</b> max covered expenses, per person, per term	\$3,000 max		Not covered Discount card provided	% \$5,000 max			Not covered Discount card provided	\$5,000 max <sup>4</sup>	% \$5,000 max	

<sup>1</sup> Available number of doctor office visits for a copay (per person, per term) varies by plan duration: 1-3 months = 1 visit, 4-6 months = 2 visits, 7-9 months = 3 visits, 10+ months = 4 visits. These copays are for injury or illness (history & exam) and cannot be used for preventive care, other than those required due to state mandates. Additional doctor office visits are covered using deductible then coinsurance.

<sup>2</sup> Copay applies to first 4 visits per person, per term. Subsequent visits are subject to deductible then coinsurance.

<sup>3</sup> Standard preventive care benefits in all states include one examination per covered person per term for each of the following:

- Routine mammography
- Cervical / pap smear
- Prostate specific antigen test (males 40 and over)

Additional preventive care benefits may be required in some states. See state variations in the brochure.

<sup>4</sup> Tiers 2-4 have a \$500 Rx deductible per person, per term then tiered pricing applies: Tier 2 = \$55 copay, Tier 3 = \$75 copay, Tier 4 = 50%.

