

Plan Details for Short Term Health Insurance Policy

	<u>1500 Plan</u>	<u>3000 Plan</u>
Monthly Premium	\$39.27	\$31.09
One Time Application Fee	\$25.00	\$25.00
Total Due with Application	\$64.27	\$56.09
<u>Benefit Summary</u>		
Individual Deductible	\$1,500	\$3,000
Individual Out-of-pocket Maximum	\$5,000	\$7,000
Family Deductible	\$1,500	\$3,000
Family Out-of-pocket Maximum	\$5,000	\$7,000
Member Coinsurance	30%	40%
Doctor Office Visit	\$30	\$30
Specialist Office Visit	\$60	\$60
Retail Drugs (31 Day Supply):	Discount only	Discount Only
Laboratory Services	30% coinsurance after deductible is met	40% coinsurance after deductible is met
Outpatient Hospital	30% coinsurance after deductible is met	40% coinsurance after deductible is met
Outpatient Surgery	30% coinsurance after deductible is met	40% coinsurance after deductible is met
Skilled Nursing Facility	30% coinsurance after deductible is met	40% coinsurance after deductible is met
Inpatient Hospital Admission	30% coinsurance after deductible is met	40% coinsurance after deductible is met
Emergency Room	\$300, then 30% coinsurance after deductible is met	\$300, then 40% coinsurance after deductible is met
Rehabilitative and Habilitative Therapy	30% coinsurance after deductible is met	40% coinsurance after deductible is met
Mental Health and Substance Use Disorder Services	30% coinsurance after deductible is met	40% coinsurance after deductible is met

Please refer to your policy for a full list of covered items, limitations, and exclusions.