

## Is a Short-Term Insurance Plan Right for You?

Short-Term, or Temporary, insurance plans<sup>1</sup> provide health coverage from one to six months for individuals or families. The plans are designed to cover emergency and unexpected health issues for a short time period. While they don't include all the benefits of Affordable Care Act (ACA) plans, they can be a good choice for short-term coverage in between jobs or while you wait for the next ACA Open Enrollment Period.

### Differences between Short-Term Insurance Plans and ACA

Covered Services	Temporary Insurance*	ACA Insurance
Pre-existing conditions (See below for more details)	X	✓
Pediatric dental and vision care	X	✓
Habilitative services (Those that help people acquire, maintain or improve skills necessary for daily functioning, like physical, occupational and speech therapy. )	X	✓
Maternity and newborn care	X Only if rider is purchased	✓
Retail prescription drugs	Discounts only <sup>2</sup>	✓
Preventive and wellness services and chronic disease management	X Children only	✓
Ambulatory services (Outpatient hospital)	✓	✓
ER services	✓	✓
Hospitalization	✓	✓
Mental health and substance use disorder services, including behavioral health treatment	✓	✓
Laboratory services	✓	✓
Eligible for member rewards program	X	✓

\*Services related to a pre-existing condition may not be covered.

### Pre-Existing Conditions

Short-Term insurance plans cover medical care for conditions that come up **after** the plan's effective date. If you're treated for an injury, illness or ongoing health condition that you had **in the past 24 months before your plan's start date** (also called a pre-existing condition), you'll pay the full cost of any care that you need. This means, even if you had prior coverage where pre-existing conditions were covered, they won't be covered with a short-term insurance plan.

For example, if you're treated for or diagnosed with high blood pressure before your short-term plan starts, medical care related to high blood pressure, such as a heart attack or stroke, **will not be covered** under the temporary insurance plan. You'll be responsible for the cost.

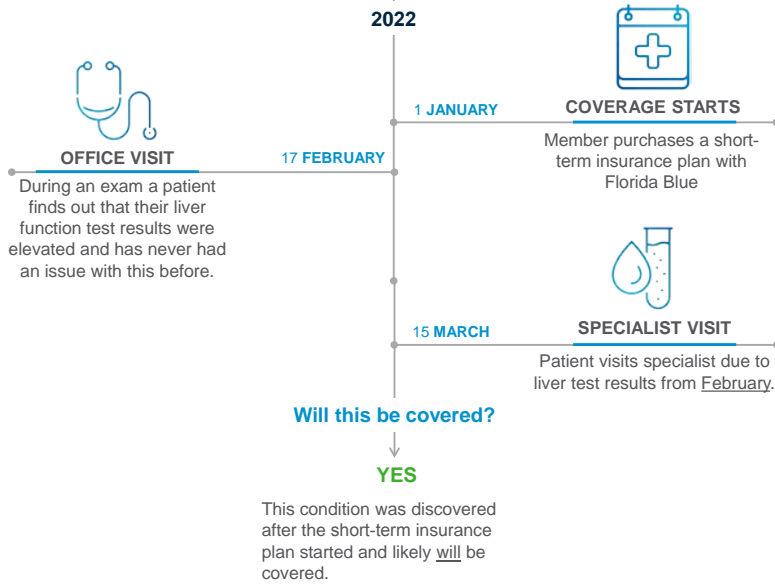
#### Here are some common pre-existing conditions that aren't covered by short-term insurance plans:

1. Cancer (Oncology)
2. New or abnormal growths (neoplasms)
3. Hypertension (high blood pressure)
4. Diabetes
5. Heart condition
6. Substance dependency

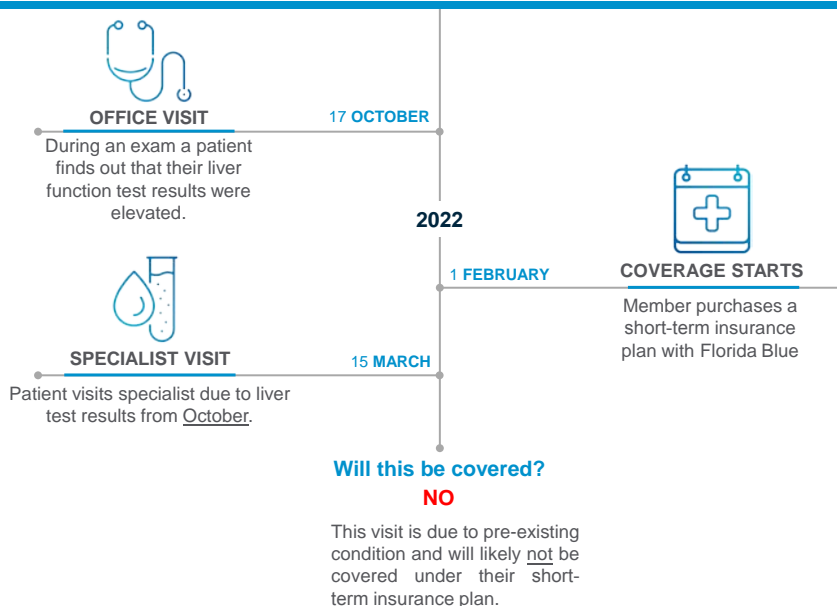
## How does it work?

Below are two examples to help explain how pre-existing conditions work with a short-term insurance plan.

### Pre-existing Conditions



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Health insurance is offered by Florida Blue, a trade name of Blue Cross and Blue Shield of Florida, Inc., an Independent Licensee of the Blue Cross and Blue Shield Association. Florida Blue does not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation, or health status in the administration of the plan, including enrollment and benefit determinations.

<sup>1</sup>This policy does not meet the definition of qualifying previous coverage or qualifying coverage as defined in s. 627.6699. As a result, if purchased in lieu of a conversion policy or other group coverage, you may have to meet a **pre-existing condition** requirement when reviewing or purchasing other coverage. Policies have limitations and exclusions. The amount of benefits provided depends upon the plan selected and the premium may vary with the amount of benefits selected.

<sup>2</sup>This is a discount prescription drug program. Any amount paid will not apply to the deductible or out-of-pocket maximums under your health plan.

**IMPORTANT: This is a short-term, limited-duration policy,  
NOT comprehensive health coverage**

This is a temporary limited policy that has fewer benefits and Federal protections than other types of health insurance options, like those on HealthCare.gov.

<b>This policy</b>	<b>Insurance on HealthCare.gov</b>
<b>Might not cover you</b> due to preexisting health conditions like diabetes, cancer, stroke, arthritis, heart disease, mental health & substance use disorders	Can't deny you coverage due to preexisting health conditions
<b>Might not cover</b> things like prescription drugs, preventive screenings, maternity care, emergency services, hospitalization, pediatric care, physical therapy & more	Covers all essential health benefits
Might have <b>no limit on what you pay</b> out-of-pocket for care	Protects you with limits on what you pay each year out-of-pocket for essential health benefits
You <b>won't qualify</b> for Federal financial help to pay premiums & out-of-pocket costs	Many people qualify for Federal financial help
<b>Doesn't have to meet</b> Federal standards for comprehensive health coverage	All plans must meet Federal standards

**Looking for comprehensive health insurance?**

- Visit [HealthCare.gov](https://www.healthcare.gov) or call **1-800-318-2596** (TTY: 1-855-889-4325) to find health coverage options.
- To find out if you can get health insurance through your job, or a family member's job, contact the employer.

**Questions about this policy?**

For questions or complaints about this policy, contact your State Department of Insurance. Find their number on the National Association of Insurance Commissioners' website ([naic.org](https://www.naic.org)) under "Insurance Departments."