

SHORT TERM

Schedule of Benefits for individuals and families

THIS SCHEDULE IS INTENDED TO BE USED TO HELP YOU COMPARE COVERAGE BENEFITS AND IS A SUMMARY ONLY. THE CONTRACT SHOULD BE CONSULTED FOR A DETAILED DESCRIPTION OF COVERAGE BENEFITS AND LIMITATIONS.



	In-Network	Out-of-Network
BENEFIT PERIOD DEDUCTIBLE (BPD)¹ (Unless otherwise indicated, all benefits are subject to the BPD)	\$1,000 per member (up to a maximum of \$3,000 for family coverage)	
OUT OF POCKET MAXIMUM (OOP)²	\$5,000 individual \$12,500 family	Unlimited
BENEFIT PERIOD MAXIMUM	\$250,000 per member	

Services

	In-Network		Out-of-Network	
COINSURANCE (Based on the maximum allowable charge)	Plan Pays	Your Responsibility	Plan Pays	Your Responsibility
	80%	20%	60%	40%
TELADOC (Not subject to BPD)	\$0 copayment per visit		No Coverage	
PRESCRIPTION DRUG COVERAGE	Plan Pays	Your Responsibility	Plan Pays	Your Responsibility
• Generic and Brand Prescriptions	80%	20%	60%	40%

Footnotes

1. Deductible per member per benefit period. Benefit periods range from 60 days, 90 days and 180 days.
2. When the applicable out-of-pocket maximum for in-network provider services is reached, 100% of the maximum allowable charge is payable for other covered services received from an in-network provider during the remainder of the benefit period.

Pre-existing Condition Waiting Period

Benefits will not be provided for any pre-existing condition. A pre-existing condition is defined in the contract as "An illness, injury, pregnancy or any other medical condition which existed at any time preceding the effective date of coverage under this contract for which: Medical advice or treatment was recommended by, or received from, a provider of health care services; or symptoms existed which would cause an ordinarily prudent person to seek diagnosis, care or treatment."

Short Term plans are not continuous plans. Issues arising during a short term plan will be considered a pre-existing condition on future plans.