

FAQ

Frequently asked questions about our short term medical insurance plan

What is Short-term medical insurance?

Short-term medical insurance (STM) policies are designed to provide temporary coverage during life's transitions until you are able to secure long-term insurance again. STM coverage consists of services or supplies that a Physician has prescribed and that are Medically Necessary for the diagnosis or treatment of a covered Injury or Sickness. STM policies have policy limitations not found in Affordable Care Act plans, reduced maximum benefits and usually lower insurance premiums, making them a viable option for your emergency needs.

With limited medical underwriting and no out-of-network penalties, Short Term Medical Insurance is a viable option to consider while waiting for ACA insurance coverage to take effect.

Why would I want coverage for a short period of time?

If you're between jobs, waiting for coverage from another health insurance plan to start, laid off, on strike, a recent college graduate or seasonal employee and know that you only need coverage for a specific period of time, short-term health insurance may be a great option for you.

How soon can Short Term Medical begin?

Your short term medical coverage can begin the next day if you apply online using a credit card or auto bank debit, as long as the eligibility criteria is met. If you decide to mail your application with a check, the earliest your STM policy can begin is the next day following the U.S. Postal Service postmark. (As long as eligibility requirements are met and application is legible.) All transmissions take place and are recorded based on the time and date in the Central Time Zone. For example, if you submit your application on-line at or after 10:00 p.m. on March 15th from a location in the Pacific Time Zone, the time of the transmission will be at or after 12:00 a.m. Central Time. The transmission date of your application will be March 16th.

Does Short Term Medical provide Coverage for Pre-Existing Conditions?

No, STM coverage contains a Pre-Existing Condition Limitation. Pre-Existing Condition means a disease or physical condition for which medical advice or treatment was recommended or received by the Covered Person during the 12 months prior to the Covered Person's Effective Date of coverage, may vary by state.

Does this Short Term Medical plan cover prescription drugs?

Prescription drug coverage is not a benefit under this short-term medical policy.

Should I pay monthly or make a single payment up front?

Most short-term health insurance plans give you the option of paying in monthly installments, or in a single up-front payment. Often, single payment plan costs may be lower than monthly plan costs.

If you need short-term health insurance after your specified duration, you will need to re-apply for a new short-term plan. Not all states allow you to reapply.



Do Short Term Medical plans include dental and vision benefits?

No. Short-term health insurance plans are designed to protect you in the event of an unexpected Sickness or Injury and are not intended to cover dental and vision care. Short-term health insurance plans are for temporary coverage only and therefore do not include some of the benefits offered by standard, longer-term health insurance plans.

If I purchase a short-term medical policy, will I still be subject to the ACA tax penalty?

STM is not a permanent health coverage solution. It is not subject to guaranteed issuance, renewal, policy maximums, and also contains exclusions and limited benefits. If you hold a non-compliant policy for no longer than two consecutive months, you will not be subject to a penalty, provided you obtain ACA-compliant insurance (depending on how long you were uninsured).

Simple Term Health

Underwritten by the United States Fire Insurance Company, 5 Christopher Way, 2nd Floor, Eatontown, NJ 07724 rated "A" (Excellent) by AM Best. Benefits not available in all states at this time. This coverage contains a Pre-Existing Condition Limitation. Pre-Existing Condition means a disease or physical condition for which medical advice or treatment was recommended or received by the Covered Person during the 12 months prior or after the Covered Person's Effective Date of coverage, may vary by state. Duplicate or multiple plans are not allowed. Coverage is not provided for insureds age 65 or over, coverage will terminate at the end of the month insured turns age 65. Changes to coverage underwritten by United States Fire Insurance Company can only be made if the change is the result of a qualifying life event. A qualifying life event means marriage, divorce, the death of your spouse, or the birth or adoption of a child. If coverage is cancelled, person may not re-enroll in coverage with United States Fire Insurance Company until six months after their termination date. This is a Simple Term Health Insurance Plan that is not intended to qualify as the minimum essential coverage required by the Affordable Care Act (ACA), unless you purchase a plan that provides minimum essential coverage in accordance with ACA, you may be subject to a federal tax penalty.

Policy terms, conditions, exclusions and limitations may vary by state. This product may not be available in all states.

