

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.

THIS POLICY	INSURANCE ON HEALTHCARE.GOV
Might not cover you 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
Might not cover things like prescription drugs, preventive screenings, maternity care, emergency services, hospitalization, pediatric care, physical therapy & more	Covers all essential health benefits
Might have no limit on what you pay out-of-pocket for care	Protects you with limits on what you pay each year out-of-pocket for essential health benefits
You won't qualify for Federal financial help to pay premiums & out-of-pocket costs	Many people qualify for Federal financial help
Doesn't have to meet Federal standards for comprehensive health coverage.	All plans must meet Federal standards

LOOKING FOR COMPREHENSIVE HEALTH INSURANCE?

- Visit 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) under "Insurance Departments."

SHORT TERM PPOSM

Effective September 1, 2024 through December 31, 2024.

All of our short-term plans offer a \$45 copay for the first 3 office visits and \$1 million lifetime max

Monthly rates: 1–3 months of coverage

Age (Applicant or Spouse)	Non-smoker	Smoker
\$1,500 DEDUCTIBLE COINSURANCE 20%		
0-19	\$ 99.60	\$ 119.52
20-24	99.60	119.52
25-29	99.60	119.52
30-34	114.54	137.44
35-39	149.40	179.28
40-44	164.34	197.20
45-49	199.20	239.04
50-54	293.82	352.58
55-59	373.50	448.20
60+	448.20	537.84
Per Child	79.68	

Age (Applicant or Spouse)	Non-smoker	Smoker
\$3,000 DEDUCTIBLE COINSURANCE 20%		
0-19	\$ 82.03	\$ 98.44
20-24	82.03	98.44
25-29	82.03	98.44
30-34	94.33	113.20
35-39	123.04	147.65
40-44	135.35	162.41
45-49	164.06	196.87
50-54	241.98	290.38
55-59	307.60	369.13
60+	369.13	442.95
Per Child	65.62	

Age (Applicant or Spouse)	Non-smoker	Smoker
\$1,500 DEDUCTIBLE COINSURANCE 50%		
0-19	\$ 89.04	\$ 106.84
20-24	89.04	106.84
25-29	89.04	106.84
30-34	102.38	122.86
35-39	133.55	160.26
40-44	146.91	176.28
45-49	178.07	213.68
50-54	262.64	315.17
55-59	333.88	400.64
60+	400.64	480.78
Per Child	71.22	

Age (Applicant or Spouse)	Non-smoker	Smoker
\$3,000 DEDUCTIBLE COINSURANCE 50%		
0-19	\$ 73.12	\$ 87.76
20-24	73.12	87.76
25-29	73.12	87.76
30-34	84.10	100.92
35-39	109.69	131.63
40-44	120.66	144.79
45-49	146.26	175.51
50-54	215.72	258.87
55-59	274.24	329.08
60+	329.08	394.89
Per Child	58.50	

Rates per child only apply for up to three dependents