

Short Term Health Insurance Plan Comparison

Note: Short-term Medical (STM) Insurance products do not meet the Affordable Care Act's definition of Minimum Essential Coverage, and therefore do not fulfill an individual's requirement to maintain coverage under the ACA. Purchasing Short Term Coverage instead of Minimum Essential Coverage (MEC) for periods of longer than 3 months will result in a tax penalty.

	Allied National	The IHC Group	National General	Petersen
Brochure Link	http://www.alliednational.biz/3200.pdf		https://www.ngah-ngic.com/NGAH-STMASSOCIATIONBRO.03.06.17.pdf	https://www.piu.org/wp-content/uploads/2016/03/Short-Term-Major-Medical-PPO-Network-04-01-2016.pdf
Maximum Benefit	250,000	2,000,000	1,000,000	1,000,000
Eligibility	Age 6 Months and older	Age 2 Years and older	Age 2 Months and older	Age 2 Months and older
Deductibles available	500/1000/1500/2500/5000/7500/10000	1,000/2,500/5,000/7,500/10,000	1,000/2,500/5,000/10,000/25,000	100/250/500/1,000/2,500/5,000
Pre-existing Conditions Limitations	60 months	60 months	12 months	12 months
Auto Renewal	No	No	No	No
Urgent Care/ER Services	Both subject to deductible	Both subject to deductible	<p>Urgent Care Unlimited visits. You pay \$50 per visit. Your medical deductible is waived and remaining expenses apply to coinsurance.</p> <p>ER Unlimited visits. Subject to an additional \$250 access fee unless admitted. Costs apply to deductible and coinsurance.</p>	Both subject to deductible
Dr. Visit	Subject to deductible	<p>Office Visit Copay - \$50.00 The copay applies to the first covered office visit during the policy period. After the copay, the balance of the doctor visit charge is covered 100%.</p>	Subject to deductible	Subject to deductible
Vaccination	State Mandated Immunizations are covered.	State Mandated Immunizations are covered.	Coverage up to 6 years of age.	No Preventive benefit coverage.
Rx Coverage	EBC Card has discounts towards medications.	Rx Coverage for inpatient care only.	Rx Coverage for inpatient care only.	Outpatient Rx medications covered up to a maximum of \$500.00
Ground Ambulance	Subject to deductible	Up to \$500 per occurrence.	Unlimited trips. Max Benefit of \$250 per trip.	No Benefit, subject to deductible
Air Ambulance	Maximum Benefit: \$750 per trip.	Up to \$1000 per occurrence.	No Benefit, subject to deductible.	No Benefit, subject to deductible
Riders	Accident Rider - 100% of the first \$500 covered due to an accident	**See list of Exclusions and limitations**	**See list of Exclusions and limitations**	Hazardous Sports & Activities Optional Rider - The optional rider will provide up to \$250,000 for eligible expenses incurred by participation. *See brochure for list of activities*
Highlights	EBC Card Provides you discounts not covered by the policy. Save on Rx, Dental, Vision, and Hearing services.	Family Deductible when 3 covered persons in a family each satisfy their deductible, the deductibles for any remaining covered family members are deemed satisfied for the remainder of the coverage period.	<p>Supplemental Coverage Options Accidents, Critical illness, accidental deaths and dismemberment, and hospital stays. L.I.F.E. Membership - Optional</p> <p>Telemedicine services No limits to the number of consultations, and no extra cost.</p> <p>Wellcard savings Rx, vitamins, diabetic supplies and more. *Discounts on everyday items*</p>	<p>Retro Date Allows you to receive follow up treatment for covered accidents or sickness that occurred in prior policies. The retro date allows the insured to re-apply for coverage and have up to 9 months of protection without a new pre-existing condition being applied in subsequent policies.</p> <p>Sports & Activities Included See brochure for list.</p>
Network	PPO Network	National PPO Network	Aetna Network	First Health Network

