



SHORT-TERM MEDICAL INSURANCE COVERAGE FOR 30, 60, OR 90 DAYS

TEMPORARY HEALTH INSURANCE COVERAGE FOR THOSE WHO ARE:

- Between jobs
- Looking for a lower cost alternative to COBRA rates
- Waiting for other coverage to begin
- Bridge the gap until the next open enrollment



PreferredOne®
INSURANCE COMPANY

SHORT-TERM MEDICAL
INSURANCE COVERAGE
PreferredOne.com



AFFORDABLE SHORT-TERM MEDICAL INSURANCE COVERAGE DURING TIMES OF TRANSITION

PreferredOne Insurance Company (PIC) Short-Term Medical Insurance Coverage provides immediate temporary affordable health care coverage when you need it – during a job search, layoff, as a lower cost alternative to COBRA or to bridge the gap until the next open enrollment. Whatever the reason, there are times when you find yourself without health care coverage and in need of a short-term coverage solution to protect your health and financial well being.

PIC Short-Term Medical Insurance Coverage for Individuals – a solution for your short-term medical needs during times of transition. By offering 30, 60 or 90 days of coverage, these plans provide the coverage you need to avoid the financial risks associated with major medical expenses.

The PreferredOne Short-term medical (STM) plans differ from Comprehensive Medical Plans (qualified health plans) in the following ways:

- offer temporary coverage
- do not qualify as minimum essential coverage as defined by the Affordable Care Act
- do not cover pre-existing conditions
- do not cover preventative care for adults (age 19 and older)
- are not exempt from a tax penalty under the Affordable Care Act
- termination or loss of a short term plan does not qualify you for a special enrollment period

A STEP BY STEP GUIDE TO PEACE OF MIND:

Step 1. Choose the deductible level that fits your needs: \$1,000 or \$2,000.

Step 2. Choose the length of time you want coverage: 30, 60 or 90 days.

Step 3. You may select Chemical Dependency Coverage for an additional cost.

Step 4. Complete the application form and select a payment plan. (Note: If you answer yes to any of the eligibility questions you are not eligible for coverage.)

Step 5. Decide what date you want coverage to start. Coverage for the subscriber and all enrolled dependents listed on the Short-Term Medical Application will be effective on the latest of the following:

- The date requested by the subscriber on the Short-Term Medical Application provided this is no more than 30 days in the future from the date PIC receives the application; or
- The day after the postmark date of the U.S. Postal Service on the envelope containing the Short-Term Medical Application; or
- The day after the date the Short-Term Medical Application is received by PIC when it is sent electronically, express mail or means other than the U.S. Postal Service.

For assistance in completing the application form or to ask questions, please contact Individual Sales at 855.717.5267, 763.847.3020 or 763.847.4013 (TTY), Monday through Friday, 8:00 a.m. – 4:30 p.m. CST.

WHO IS ELIGIBLE?

- Healthy individuals who have been U.S. citizens for at least one year and are legal residents of Minnesota for 6 months;
- An individual between the ages of 90 days and age 64 and 11 months, provided there is no overlap with Medicare;
- Primary applicant must be 19 years of age or older;
- Unmarried dependent children through age 25;
- Child-only coverage is not available.

YOU ARE NOT ELIGIBLE IF:

- You are a foreign citizen;
- You are covered by Medicare;
- You or a dependent is pregnant or an expectant parent;
- You have been denied coverage by another health insurance carrier;
- You are currently incarcerated;
- You are confined to or in any health care facility;
- You engage in hazardous activities; or
- You previously/already exceeded, or will exceed with a new contract, Minnesota's Short-Term Medical Insurance Coverage limit of 365 days in a 555-day period.



PRE-EXISTING CONDITION

Short-Term coverage does not cover pre-existing conditions. A pre-existing condition is any condition for which you or your eligible dependent have: 1) had medical treatment, diagnosis of, or consultation at anytime prior to the effective date of this contract; or 2) had signs, symptoms or any manifestations of an injury, sickness, or condition at anytime prior to the effective date of this contract which should have caused an ordinary prudent person to seek diagnosis or treatment.

NOTE: Any condition treated under a prior STM contract is a pre-existing condition and will not be covered under subsequent STM contracts.

WHEN DOES COVERAGE BEGIN?

Your coverage begins at 12:01 a.m. Central Standard Time either the day after we receive your completed application form and payment or any date you choose within 30 days of signing the application form provided that the application form is complete, meets the requirements for acceptance and the full policy premium is received. An application form that does not meet eligibility requirements or does not include premium payment will be returned to the applicant or his/her agent.

CONTRACT TERM AND TERMINATION

The contract is issued for the number of days you select: 30, 60 or 90 days. You may terminate the contract if we receive written notification within the 10-day consideration period. This contract may not be renewed. You may re-apply for a new contract period as long as you do not exceed Minnesota's Short-Term Medical Insurance Coverage limit of 365 days in a 555-day period. Any subsequent contract will not be a continuation of the first contract.

Plan Highlights

Network Coverage - You will have access to the PreferredOne Choice Network providers (go to Preferredone.com, then click Find A Provider). You will receive the highest level of benefits and the lowest out-of-pocket costs when you use a PreferredOne Choice Network participating provider.

Please read your contract carefully. This summary of benefits provides a brief description of the important features of your contract. This brochure is not the insurance contract and only the actual contract provisions will determine your benefits. The contract itself sets forth in detail the rights and obligations of both you and PIC. It is therefore important that you read your contract.	IN-NETWORK		OUT-OF-NETWORK	
	INDIVIDUAL DEDUCTIBLE	INDIVIDUAL OUT-OF-POCKET MAXIMUM	INDIVIDUAL DEDUCTIBLE	INDIVIDUAL OUT-OF-POCKET MAXIMUM
	\$1,000	\$2,500	\$2,000	Unlimited
	\$2,000	\$4,000	\$4,000	Unlimited
	The family deductible and family out-of-pocket costs are limited to three times the individual out-of-pocket maximum.		The family deductible is limited to three times the individual deductible amount. Family out-of-pocket costs are unlimited.	
■ Lifetime maximum per person	\$1 million		\$1 million	
■ Office visits for sickness and injury ■ Inpatient and outpatient hospital services ■ Inpatient and outpatient X-ray and lab services ■ Emergency care and ambulance service ■ Medical supplies ■ Occupational, physical and speech therapy ■ Home health care ■ Skilled nursing facility services	80% after deductible		60% after deductible	
■ Immunizations and child health supervision to age 6, including preventive services,developmental assessments and lab service	100% (deductible does not apply)		No coverage	
■ Maternity ■ Office visits for screenings and physicals	No coverage		No coverage	
■ Chemical Dependency Rider Option (only applies if selected when you enroll)	80% after deductible		60% after deductible	
■ Pharmacy Benefits	You will pay the full cost of your prescriptions at the pharmacy. When presenting your PreferredOne ID card you will receive a discount at more than 30,000 pharmacies PreferredOne contracts with. If your medication is for a newly diagnosed condition, submit your claim to PIC to have it applied to your deductible. Once your deductible has been met, you will receive a reimbursement check from PIC.		No coverage	

Short-Term Medical Insurance Coverage does not cover pre-existing conditions during the entire term of the contract. A pre-existing condition is any condition for which you or your eligible dependent have 1) had medical treatment, diagnosis of, or consultation at anytime prior to the effective date of this contract; or 2) had signs, symptoms or any manifestations of an injury, sickness, or condition at anytime prior to the effective date of this contract which should have caused an ordinary prudent person to seek diagnosis or treatment.

EXAMPLE OF YOUR SAVINGS WHEN YOU SEE IN-NETWORK PROVIDERS:

	IN-NETWORK PROVIDER <i>*assuming deductible has been met</i>	OUT-OF-NETWORK PROVIDER <i>*assuming deductible has been met</i>
Provider Billed Amount	\$200	\$200
Allowed Amount	\$150 (contracted amount)	\$120 (non-participating reimbursement value)
PreferredOne Pays	\$120 (\$150 x 80%)	\$72 (\$120 x 60%)
Coinsurance You Owe	\$30 (\$150 x 20%)	\$48 (\$120 x 40%)
Difference of Provider Billed Amount and the Allowed Amount You Owe	None	\$80 (\$200 - \$120)
You Pay:	\$30	\$128

Out-of-Network Coverage - If you choose to receive services from a non-participating provider, you will be responsible for any deductible or coinsurance, and the difference between PIC's non-participating provider reimbursement amount (generally based on a fee schedule) and the non-participating provider's billed charges. The difference between PIC's non-participating provider reimbursement amount and the non-participating provider's billed charges does not apply to your out-of-pocket maximum. If you visit a provider who is not in the PreferredOne Choice Network, you may be required to notify PIC before receiving care. Otherwise, benefits may be reduced. See the contract for details.

Exclusions, including but not limited to: pre-existing conditions; physicals; mental health; chemical dependency if not elected; chiropractic, infertility, cosmetic or dental services; pregnancy and delivery (prenatal care is covered); bariatric surgeries or services; eye wear; most dental services; contraceptives; smoking cessation drugs; services not medically necessary; and investigational services.

This brochure is only a summary and is not your short-term medical plan insurance contract. Please refer to the insurance contract for a complete listing of benefits, exclusions and terms of coverage. If there are any differences between this brochure and the insurance contract, the provisions of the short-term medical plan insurance contract will control.

Use the charts on the next pages to help you complete this worksheet.

PREMIUM CALCULATION WORKSHEET

- 1. Determine the age of each applicant
- 2. Select a deductible limit
- 3. Select the number of coverage days
- 4. Fill in the premiums below for each applicant
- 5. Add the premiums below for total

CALCULATE YOUR PREMIUM:

Applicant Rate (adult subscriber)	\$ _____
Spouse Rate	\$ _____
1 Child	\$ _____
2 Children	\$ _____
3+ Children	\$ _____
Non-Refundable Application Fee	\$ _____ <u>\$20.00</u>
Total Premium Due With Application	\$ _____

PreferredOne Insurance Company requires full premium payment at the time of application. If you do not include the full payment at the time of application or answer “yes” to questions 2 – 8 on the eligibility section of the application, your application form will be returned to you and a contract will not be issued.

3 CONVENIENT PAYMENT OPTIONS

- 1. **Electronic Payment Plan (EPP):** premium will be debited from your savings or checking account.
- 2. **Credit Card:** premium will be debited from your Visa or Master Card.
- 3. **Check or Money Order:** available only if applying via a paper application.

If the full payment is not received with your application form, including the non-refundable application fee, a contract will not be issued. No refunds are available after the 10-day consideration period.

HOW TO APPLY

Get started now. To apply for PIC Short-Term Medical Insurance Coverage, simply follow these easy steps:

- 1. Fill out the application form completely. Incomplete applications will be returned. If you answer ‘yes’ to any of the eligibility questions on the application form, a contract will not be issued.
- 2. List dependents, if any, to be covered on the application form.
- 3. Include a check or money order for the full premium amount, including the non-refundable application fee, or complete the Electronic Payment Plan (EPP) section or credit card information section. Your application form will not be accepted if payment is not received in full. Please refer to the premium chart when calculating your premium or contact PIC Customer Service to determine your rate.
- 4. Mail your application form* and payment to:

PreferredOne Insurance Company
Short-Term Medical Insurance Coverage
PO Box 59212
Minneapolis, MN 55459-0212

For more details or to apply online, visit our Website at Preferredone.com, click Individual Plan and select Short-Term Medical For Individuals & Families.

* A completed application form does not mean you will be approved.

RATES without Chemical Dependency Coverage

AGE	DEDUCTIBLE LEVELS - RATE AREA 1*					
	\$1,000			\$2,000		
	30 DAYS	60 DAYS	90 DAYS	30 DAYS	60 DAYS	90 DAYS
19-24	\$40.25	\$80.50	\$120.75	\$32.89	\$65.78	\$98.67
25-29	\$40.25	\$80.50	\$120.75	\$32.89	\$65.78	\$98.67
30-34	\$44.28	\$88.56	\$132.84	\$36.17	\$72.34	\$108.51
35-39	\$47.50	\$95.00	\$142.50	\$38.81	\$77.62	\$116.43
40-44	\$54.34	\$108.68	\$163.02	\$44.40	\$88.80	\$133.20
45-49	\$70.44	\$140.88	\$211.32	\$57.55	\$115.10	\$172.65
50-54	\$98.54	\$197.08	\$295.62	\$80.51	\$161.02	\$241.53
55-59	\$118.08	\$236.16	\$354.24	\$96.48	\$192.96	\$289.44
60-64	\$145.09	\$290.18	\$435.27	\$118.54	\$237.08	\$355.62
1 Child	\$35.22	\$70.44	\$105.66	\$28.77	\$57.54	\$86.31
2 Children	\$70.44	\$140.88	\$211.32	\$57.54	\$115.08	\$172.62
3+ Children	\$105.66	\$211.32	\$316.98	\$86.31	\$172.62	\$258.93
Note: Newborns under 90 days old are not eligible for coverage.						

*Rate Area 1 includes all Minnesota counties except those listed in Rate Area 2 noted below.

AGE	DEDUCTIBLE LEVELS - RATE AREA 2**					
	\$1,000			\$2,000		
	30 DAYS	60 DAYS	90 DAYS	30 DAYS	60 DAYS	90 DAYS
19-24	\$38.24	\$76.48	\$114.72	\$31.25	\$62.50	\$93.75
25-29	\$38.24	\$76.48	\$114.72	\$31.25	\$62.50	\$93.75
30-34	\$42.07	\$84.14	\$126.21	\$34.36	\$68.72	\$103.08
35-39	\$45.13	\$90.26	\$135.39	\$36.87	\$73.74	\$110.61
40-44	\$51.62	\$103.24	\$154.86	\$42.18	\$84.36	\$126.54
45-49	\$66.92	\$133.84	\$200.76	\$54.67	\$109.34	\$164.01
50-54	\$93.61	\$187.22	\$280.83	\$76.48	\$152.96	\$229.44
55-59	\$112.18	\$224.36	\$336.54	\$91.66	\$183.32	\$274.98
60-64	\$137.84	\$275.68	\$413.52	\$112.61	\$225.22	\$337.83
1 Child	\$33.46	\$66.92	\$100.38	\$27.33	\$54.66	\$81.99
2 Children	\$66.92	\$133.84	\$200.76	\$54.66	\$109.32	\$163.98
3+ Children	\$100.38	\$200.76	\$301.14	\$81.99	\$163.98	\$245.97
Note: Newborns under 90 days old are not eligible for coverage.						

** Rate Area 2 includes the Minnesota counties of: Big Stone, Chippewa, Douglas, Kandiyohi, Lac Qui Parle, Lyon, Otter Tail, Pipestone, Pope, Redwood, Renville, Stevens, Swift, Traverse, Brown

PREMIUM CALCULATION EXAMPLE:

A family living in Rate Area 1 where the applicant's age is 35, the spouse is aged 36 and there are 2 dependent children, requesting a \$2000 deductible for 60 days:	
Applicant	\$77.62
Spouse	\$77.62
2 Children	\$115.08
Non-Refundable Application Fee:	\$20.00
Total Premium Due With Application:	\$290.32

RATES with Chemical Dependency Coverage

AGE	DEDUCTIBLE LEVELS - RATE AREA 1*					
	\$1,000			\$2,000		
	30 DAYS	60 DAYS	90 DAYS	30 DAYS	60 DAYS	90 DAYS
19-24	\$41.46	\$82.92	\$124.38	\$33.88	\$67.76	\$101.64
25-29	\$41.46	\$82.92	\$124.38	\$33.88	\$67.76	\$101.64
30-34	\$45.60	\$91.20	\$136.80	\$37.26	\$74.52	\$111.78
35-39	\$48.92	\$97.84	\$146.76	\$39.97	\$79.94	\$119.91
40-44	\$55.97	\$111.94	\$167.91	\$45.73	\$91.46	\$137.19
45-49	\$72.55	\$145.10	\$217.65	\$59.28	\$118.56	\$177.84
50-54	\$101.50	\$203.00	\$304.50	\$82.93	\$165.86	\$248.79
55-59	\$121.62	\$243.24	\$364.86	\$99.37	\$198.74	\$298.11
60-64	\$149.44	\$298.88	\$448.32	\$122.10	\$244.20	\$366.30
1 Child	\$36.27	\$72.54	\$108.81	\$29.64	\$59.28	\$88.92
2 Children	\$72.54	\$145.08	\$217.62	\$59.28	\$118.56	\$177.84
3+ Children	\$108.81	\$217.62	\$326.43	\$88.92	\$177.84	\$266.76
Note: Newborns under 90 days old are not eligible for coverage.						

*Rate Area 1 includes all Minnesota counties except those listed in Rate Area 2 noted below.

AGE	DEDUCTIBLE LEVELS - RATE AREA 2**					
	\$1,000			\$2,000		
	30 DAYS	60 DAYS	90 DAYS	30 DAYS	60 DAYS	90 DAYS
19-24	\$39.39	\$78.78	\$118.17	\$32.19	\$64.38	\$96.57
25-29	\$39.39	\$78.78	\$118.17	\$32.19	\$64.38	\$96.57
30-34	\$43.32	\$86.64	\$129.96	\$35.40	\$70.80	\$106.20
35-39	\$46.47	\$92.94	\$139.41	\$37.97	\$75.94	\$113.91
40-44	\$53.17	\$106.34	\$159.51	\$43.44	\$86.88	\$130.32
45-49	\$68.92	\$137.84	\$206.76	\$56.32	\$112.64	\$168.96
50-54	\$96.43	\$192.86	\$289.29	\$78.78	\$157.56	\$236.34
55-59	\$115.54	\$231.08	\$346.62	\$94.40	\$188.80	\$283.20
60-64	\$141.97	\$283.94	\$425.91	\$116.00	\$232.00	\$348.00
1 Child	\$34.46	\$68.92	\$103.38	\$28.16	\$56.32	\$84.48
2 Children	\$68.92	\$137.84	\$206.76	\$56.32	\$112.64	\$168.96
3+ Children	\$103.38	\$206.76	\$310.14	\$84.48	\$168.96	\$253.44
Note: Newborns under 90 days old are not eligible for coverage.						

** Rate Area 2 includes the Minnesota counties of: Big Stone, Chippewa, Douglas, Kandiyohi, Lac Qui Parle, Lyon, Otter Tail, Pipestone, Pope, Redwood, Renville, Stevens, Swift, Traverse, Brown

PREMIUM CALCULATION EXAMPLE:

A family living in Rate Area 1 where the applicant's age is 35, the spouse is aged 36 and there are 2 dependent children, requesting a \$2000 deductible for 60 days:

Applicant	\$79.94
Spouse	\$79.94
2 Children	\$118.56
Non-Refundable Application Fee:	\$20.00
Total Premium Due With Application:	\$298.44

NOTICE CONCERNING POLICYHOLDER RIGHTS IN AN INSOLVENCY UNDER THE MINNESOTA LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION LAW.

If the insurer that issued your life, annuity, or health insurance policy becomes impaired or insolvent, you are entitled to compensation for your policy from the assets of that insurer. The amount you recover will depend on the financial condition of the insurer.

In addition, residents of Minnesota who purchase life insurance, annuities, or health insurance from insurance companies authorized to do business in Minnesota are protected, SUBJECT TO LIMITS AND EXCLUSIONS, in the event the insurer becomes financially impaired or insolvent. This protection is provided by the Minnesota Life and Health Insurance Guaranty Association.

Minnesota Life and Health Insurance Guaranty Association
4760 White Bear Parkway Suite 101
White Bear Lake, MN 55110
Phone Number: 651.407.3149 Fax Number: 651.407.3150

The maximum amount the guaranty association will pay for all policies issued on one life by the same insurer is limited to \$500,000. Subject to this \$500,000 limit, the guaranty association will pay up to \$500,000 in life insurance death benefits, \$130,000 in net cash surrender and net cash withdrawal values for life insurance, \$500,000 in health insurance benefits, including any net cash surrender and net cash withdrawal values, \$250,000 in annuity net cash surrender and net cash withdrawal values, \$410,000 in present value of annuity benefits for annuities which are part of a structured settlement or for annuities in regard to which periodic annuity benefits, for a period of not less than the annuitant's lifetime or for a period certain of not less than ten years, have begun to be paid on or before the date of impairment or insolvency, or if no coverage limit has been specified for a covered policy or benefit, the coverage limit shall be \$500,000 in present value. Unallocated annuity contracts issued to retirement plans, other than defined benefit plans, established under section 401, 403(b), or 457 of the Internal Revenue Code of 1986, as amended through December 31, 1992, are covered up to \$250,000 in net cash surrender and net cash withdrawal values, for Minnesota residents covered by the plan provided, however, that the association shall not be responsible for more than \$10,000,000 in claims from all Minnesota residents covered by the plan. If total claims exceed \$10,000,000, the \$10,000,000 shall be prorated among all claimants. These are the maximum claim amounts. Coverage by the guaranty association is also subject to other substantial limitations and exclusions and requires continued residency in Minnesota. If your claim exceeds the guaranty association's limits, you may still recover a part or all of that amount from the proceeds of the liquidation of the insolvent insurer, if any exist. Funds to pay claims may not be immediately available. The guaranty association assesses insurers licensed to sell life and health insurance in Minnesota after the insolvency occurs. Claims are paid from this assessment.

THE COVERAGE PROVIDED BY THE GUARANTY ASSOCIATION IS NOT A SUBSTITUTE FOR USING CARE IN SELECTING INSURANCE COMPANIES THAT ARE WELL MANAGED AND FINANCIALLY STABLE. IN SELECTING AN INSURANCE COMPANY OR POLICY, YOU SHOULD NOT RELY ON COVERAGE BY THE GUARANTY ASSOCIATION.

THIS NOTICE IS REQUIRED BY MINNESOTA STATE LAW TO ADVISE POLICYHOLDERS OF LIFE, ANNUITY, OR HEALTH INSURANCE POLICIES OF THEIR RIGHTS IN THE EVENT THEIR INSURANCE CARRIER BECOMES FINANCIALLY INSOLVENT. THIS NOTICE IN NO WAY IMPLIES THAT THE COMPANY CURRENTLY HAS ANY TYPE OF FINANCIAL PROBLEMS. ALL LIFE, ANNUITY, AND HEALTH INSURANCE POLICIES ARE REQUIRED TO PROVIDE THIS NOTICE.

PreferredOne Insurance Company

6105 Golden Hills Drive
Golden Valley, MN 55416

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