

What is Short-Term Limited Duration Medical Coverage?

Short-term limited duration medical policies (“short term medical”) provide coverage for a limited time between health insurance policies. For example, such “bridge” coverage may be useful to students taking a semester off from school, or for individuals who are between jobs. States may have additional state-specific requirements for short-term coverage.

What Do Short Term Policies Cover Compared to Exchange Plans?

	Short Term Plans	Exchange (and other ACA) Plans
Can you be charged more for having a pre-existing condition?	Yes	No
Can you be declined coverage for having a pre-existing condition?	Yes	No
What’s covered?	<i>Varies.</i> See policy for what care is covered.	<p>Required by law to cover care for:</p> <ul style="list-style-type: none"> • Doctor Visits • Emergencies • Rx Drugs • Labs • Pediatric Services • Rehabilitation (e.g. physical therapy) • Preventive Services (e.g. vaccines) • Chronic Condition Management • Maternity • Mental Health/Addiction Treatment <p><i>*Note, list is not exhaustive</i></p>

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Is care for health conditions you already have before you buy the policy covered?	<i>Varies</i> , care for pre-existing health conditions may not be covered, see the specific policy for details.	Yes , care for pre-existing conditions is covered.
Can the plan include a limit on what the insurance company will pay for covered services over the year or in your life time?	Yes , the policy may include a cap on the total amount the policy will cover for the term of the policy or in your lifetime. Once your medical bills exceed any applicable cap, the plan can stop paying claims.	No , these plans may not include limits on the amount the insurance company will pay towards covered services annually or in your lifetime.
Are there required limits on what you'll have to spend on care out of pocket (e.g. copays, deductible, etc..)?	No	Yes , for covered services that you get in-network federal law requires the health plan to cover 100% of your care if you spend \$7,350 for an individual plan or \$14,700 for a family on during the calendar year. Many plans are available that include an out of pocket spending maximum that are lower than the federal maximum.
How much of your premiums will be spent on medical care?	<i>Varies</i> , no federal requirements apply.	80% or more Federal law requires that the insurance company spend at least 80 cents out every premium dollar on actual medical bills for the people insured on that plan.