

FlexTermSM

Health Insurance



Unexpected illnesses and accidents happen every day, and the resulting medical bills can be disastrous.

FlexTerm Health Insurance helps to protect you from the medical bills that can result from unexpected Injuries and Sickness.

Safeguard your financial future with FlexTerm Health Insurance. It provides the peace of mind and health care access you need at a price you can afford.

- Plans available up to 12 months*
- 5 minute simple application process
- Flexibility to choose your own physician and hospital
- Next Day Coverage

This is Short Term Medical Insurance that does not 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 the ACA, you may be subject to a federal tax penalty.

*States may vary

■ **Do I have to go to doctors in a network?**

Your FlexTerm policy does not confine you to a specific network, but it can be advantageous to see doctors and obtain other ancillary services in the PHCS Practitioner Plus Ancillary Network (PHCS Network). When you see doctors in the PHCS Network, you can avoid balance billing*** for services that are covered by your policy.

■ **Do I have to go to hospitals or facilities in a network?**

Your FlexTerm policy does not confine you to a specific network. For care from a hospital or facility, your benefits for eligible expenses under your FlexTerm policy are limited to up to 150% of the rates that Medicare would typically pay your hospital or facility.¹ This information is included on your ID card and you should make sure your hospital or facility provider understands this when seeking services in order to avoid issues later. 150% of the Medicare rate is a fair payment but is often less than what your hospital or facility charges. The maximum benefit provided by your FlexTerm policy may be an amount that is lower than the hospital or facility will accept. If your hospital or facility is not willing to accept this benefit amount, please be aware that you may be balance billed*** for amounts not paid by your insurance.

■ **Does this Short Term Medical plan cover prescription drugs?**

Prescription drug coverage is not a benefit under your FlexTerm policy, unless the drugs are administered during a covered inpatient hospital stay.

■ **Are maternity and newborn care covered?**

Complications of maternity are covered but not standard childbirth services.**

■ **Does STM insurance cover dental and vision benefits?**

No. STM insurance is designed to protect you in the event of an unexpected illness or injury and does not provide dental and vision care coverage. STM policies are for temporary coverage only and therefore do not include some of the benefits that may be offered by ACA plans. In the event you purchase dental, vision or any other insurance or non-insurance coverages from another carrier, such products are not affiliated with your FlexTerm policy.

¹ In the State of Nebraska, all practitioner and ancillary charges as well as facility charges are covered at 150% of Medicare allowable charges – as of February 2021. The PHCS Practitioner and Ancillary network repricing can no longer be used in this state. Therefore, covered persons may be subject to excess charges (otherwise referred to as “balance billing”- see description below).

* FlexTerm Health Insurance is underwritten by Everest Reinsurance Company.

** Terms may vary by state. Consult your policy for complete terms and limitations.

*** Balance billing is when the provider is allowed to bill you for the difference between the amount billed by the provider and the amount allowed under your policy. For example, if your doctor bills \$100 for your office visit and only \$70 is allowed under your policy, your doctor may hold you responsible for the remaining \$30. Similarly, if a hospital bills you \$2,500 for a hospital visit and \$1,800 is equal to the 150% of Medicare allowable expense maximum under your policy, your hospital may hold you responsible for the remaining \$700.

NOTICE: THE SHORT-TERM, LIMITED-DURATION INSURANCE BENEFITS UNDER THIS COVERAGE DO NOT MEET ALL FEDERAL REQUIREMENTS TO QUALIFY AS "MINIMUM ESSENTIAL COVERAGE" FOR HEALTH INSURANCE UNDER THE AFFORDABLE CARE ACT. THIS PLAN OF COVERAGE DOES NOT INCLUDE ALL ESSENTIAL HEALTH BENEFITS AS REQUIRED BY THE AFFORDABLE CARE ACT. PREEXISTING CONDITIONS ARE NOT COVERED UNDER THIS PLAN OF COVERAGE. BE SURE TO CHECK YOUR POLICY CAREFULLY TO MAKE SURE YOU UNDERSTAND WHAT THE POLICY DOES AND DOES NOT COVER. IF THIS COVERAGE EXPIRES OR YOU LOSE ELIGIBILITY FOR THIS COVERAGE, YOU MIGHT HAVE TO WAIT UNTIL THE NEXT OPEN ENROLLMENT PERIOD TO GET OTHER HEALTH INSURANCE COVERAGE. YOU MAY BE ABLE TO GET LONGER TERM INSURANCE THAT QUALIFIES AS "MINIMUM ESSENTIAL COVERAGE" FOR HEALTH INSURANCE UNDER THE AFFORDABLE CARE ACT NOW AND HELP TO PAY FOR IT AT WWW.HEALTHCARE.GOV.