What is Short-Term Limited Duration Medical Coverage?

Short-term limited duration medical policies or “short term medical” policies are designed to provide coverage for a limited time between health insurance policies; for example, for students taking a semester off school or for individuals who are between jobs. Current federal rules limit these policies to three months.

How Do Short Term Plans Compare to Exchange Plans?

	Short Term Plans	Exchange Plans
Will you be charged more for having a pre-existing condition?	***Varies.*** Might charge more pre-existing conditions.	***No.***
Could you be declined coverage for having a pre-existing condition?	***Varies.*** Might decline to sell you coverage due to pre-existing conditions.	***No.***
What’s covered?	***Varies.*** See policy for what care is covered.	***Required by law to cover:*** • Doctor’s Visits • ER visits • Rx Drugs • Labs • Pediatric Services • Rehabilitation (e.g. physical therapy) • Preventive Services (e.g. vaccines) • Maternity • Mental Health/Addiction Treatment **Note, list is not exhaustive*
Is care for health conditions you already have before you buy the policy covered?	***Varies.*** Care for pre-existing health conditions may not be covered. See the specific policy for details.	***Yes.*** Care for pre-existing conditions is covered.

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Can the plan include a limit on what the insurance company will pay for covered services during the year or in your lifetime?	***Yes***. The policy may include a limit 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 limit, the plan can stop paying medical bills.	***No***. These plans may not include limits on the total amount the insurance company will pay towards covered medical bills.
Are there required limits on what you'll have to spend on care out of pocket (e.g. copays, deductible, etc..)?	***No.*** See the specific policy for details on what you'll have to pay for care out of pocket.	***Yes.*** For in-network covered services, federal law requires the health plan to cover 100% of your care for the rest of the year after you spend $7,350 ($14,700 for a family plan). Many plans are available that include out of pocket spending maximum that are lower than the federal maximum.
How much of your premiums will be spent on medical care?	***Varies.*** No federal requirements apply.	***80% or more.*** Federal law requires that the insurance company spend at least 80 cents of every premium dollar on actual medical bills.
Will I be able to renew my policy when it ends?	***Varies.*** When you reach the end of your policy you might be offered the option to renew it. Note that any new health conditions you got treatment for during the first policy might be treated as pre-existing conditions and not covered going forward if you renew the policy.	***Yes.*** You will have the option to renew your plan, so long as the insurance company still offers the policy and you still live where it's sold.
Is federal premium assistance available?	***No.***	***Yes.*** You may qualify for premium assistance if your income is below a certain level. Visit www.healthcare.gov to see if you qualify for a special enrollment period to get 2018 coverage. Open enrollment, which is open to everyone, for 2019 coverage begins on November 1, 2018.