

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



Temporary Health Insurance Coverage For Those Who Are:

- Between Jobs
- Graduating from School
- Looking for a Lower Cost Alternative to COBRA Rates
- Waiting for Individual Coverage Approval or Employer Sponsored Coverage to Begin



**PreferredOne**<sup>®</sup>  
INSURANCE COMPANY

[www.preferredone.com](http://www.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, graduation from school or looking for a lower cost alternative to COBRA rates. 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.



This is why we offer 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, this plan provides the short-term insurance you need to avoid the financial risks associated with major medical expenses.

### A Step By Step Guide To Peace Of Mind:

- Step 1. Choose the deductible level that fits your needs: \$500, \$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; or
  - The date the subscriber's Short-Term Medical Application is approved for coverage by PIC.

For assistance in completing the application form or to ask questions, please contact Customer Service at 800.997.1750, 763.847.4477 or 763.847.4013 (TTY), Monday through Friday, 7:00 a.m. – 7:00 p.m. CST.



## Who Is Eligible?

- Healthy individuals who have been U.S. citizens for at least two years and are legal residents of Minnesota for 6 months;
- Between the ages of 90 days and age 64 and 11 months, provided there is no overlap with Medicare;
- Unmarried dependent children through age 24.

## 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.



## 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 and 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 but you may re-apply 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. Any condition which may have been covered by the first Contract will be considered a pre-existing condition and will not be covered by any subsequent Contract.

## PLAN HIGHLIGHTS

**Network Coverage** - You will have access to the PreferredOne Open Access Network 200 providers (go to [www.preferredone.com](http://www.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 Open Access Network 200 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.	Individual Deductible	Individual Out-of-Pocket Maximum
	\$500	\$1,500
	\$1,000	\$2,500
	\$2,000	\$4,000
	A family deductible limit of three times the individual deductible amount applies. Family out-of-pocket costs are limited to three times the individual out-of-pocket maximum.	
<ul style="list-style-type: none"> <li>• Lifetime maximum per person</li> </ul>	\$1 million	
<ul style="list-style-type: none"> <li>• Office visits for sickness and injury</li> <li>• Inpatient and outpatient hospital services</li> <li>• Inpatient and outpatient X-ray and lab services</li> <li>• Emergency care and ambulance service</li> <li>• Medical supplies</li> <li>• Occupational, physical and speech therapy</li> <li>• Home health care</li> <li>• Skilled nursing facility services</li> </ul>	80% after deductible	
<ul style="list-style-type: none"> <li>• Immunizations and child health supervision to age 6, including preventive services, developmental assessments and lab service</li> </ul>	100% (deductible does not apply)	
<ul style="list-style-type: none"> <li>• Maternity</li> <li>• Office visits for screenings and physicals</li> </ul>	No coverage	
<ul style="list-style-type: none"> <li>• Chemical Dependency Rider Option (only applies if selected when you enroll)</li> </ul>	80% after deductible	
<ul style="list-style-type: none"> <li>• Pharmacy Benefits</li> </ul>	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 apply to your deductible. Once your deductible has been met, you will receive a reimbursement check from PIC.	
<p><b>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.</b></p>		

**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 Open Access Network 100, 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 is only a summary of benefits. Refer to the PIC Short-Term Medical Insurance Coverage Contract for a detailed description of what is and is not covered.

## 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 for Family coverage or first child for Dependent Children coverage)	\$ _____
Spouse Rate	\$ _____
1 Child	\$ _____
2 Children	\$ _____
3+ Children	\$ _____
Non-Refundable Application Fee	\$ 20.00
<b>Total Premium Due With Application</b>	<b>\$ _____</b>

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 – 6 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 Web site at [www.preferredone.com](http://www.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*								
	\$500			\$1,000			\$2,000		
	30 days	60 days	90 days	30 days	60 days	90 days	30 days	60 days	90 days
90 days -17	\$50.13	\$100.26	\$150.39	\$39.08	\$78.16	\$117.24	\$31.93	\$63.86	\$95.79
18-24	\$50.13	\$100.26	\$150.39	\$39.08	\$78.16	\$117.24	\$31.93	\$63.86	\$95.79
25-29	\$50.13	\$100.26	\$150.39	\$39.08	\$78.16	\$117.24	\$31.93	\$63.86	\$95.79
30-34	\$55.14	\$110.28	\$165.42	\$42.99	\$85.98	\$128.97	\$35.12	\$70.24	\$105.36
35-39	\$59.15	\$118.30	\$177.45	\$46.11	\$92.22	\$138.33	\$37.68	\$75.36	\$113.04
40-44	\$67.67	\$135.34	\$203.01	\$52.76	\$105.52	\$158.28	\$43.11	\$86.22	\$129.33
45-49	\$87.72	\$175.44	\$263.16	\$68.39	\$136.78	\$205.17	\$55.88	\$111.76	\$167.64
50-54	\$122.81	\$245.62	\$368.43	\$95.75	\$191.50	\$287.25	\$78.23	\$156.46	\$234.69
55-59	\$142.86	\$285.75	\$428.58	\$111.38	\$222.76	\$334.14	\$91.00	\$182.00	\$273.00
60-64	\$150.38	\$300.76	\$451.14	\$117.24	\$234.48	\$351.72	\$95.79	\$191.58	\$287.37
1 Child	\$43.86	\$87.72	\$131.58	\$34.20	\$68.40	\$102.60	\$27.94	\$55.88	\$83.82
2 Children	\$87.72	\$175.44	\$263.16	\$68.40	\$136.80	\$205.20	\$55.88	\$111.76	\$167.64
3+ Children	\$131.58	\$263.16	\$394.74	\$102.60	\$205.20	\$307.80	\$83.82	\$167.64	\$251.46

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**								
	\$500			\$1,000			\$2,000		
	30 days	60 days	90 days	30 days	60 days	90 days	30 days	60 days	90 days
90 days -17	\$47.62	\$95.24	\$142.86	\$37.13	\$74.26	\$111.39	\$30.33	\$60.66	\$90.99
18-24	\$47.62	\$95.24	\$142.86	\$37.13	\$74.26	\$111.39	\$30.33	\$60.66	\$90.99
25-29	\$47.62	\$95.24	\$142.86	\$37.13	\$74.26	\$111.39	\$30.33	\$60.66	\$90.99
30-34	\$52.38	\$104.76	\$157.14	\$40.84	\$81.68	\$122.52	\$33.36	\$66.72	\$100.08
35-39	\$56.19	\$112.38	\$168.57	\$43.80	\$87.60	\$131.40	\$35.80	\$71.60	\$107.40
40-44	\$64.29	\$128.58	\$192.87	\$50.12	\$100.24	\$150.36	\$40.95	\$81.90	\$122.85
45-49	\$83.33	\$166.66	\$249.99	\$64.97	\$129.94	\$194.91	\$53.09	\$106.18	\$159.27
50-54	\$116.67	\$233.34	\$350.01	\$90.96	\$181.92	\$272.88	\$74.32	\$148.64	\$222.96
55-59	\$135.72	\$271.44	\$407.16	\$105.81	\$211.62	\$317.43	\$86.45	\$172.90	\$259.35
60-64	\$142.86	\$285.72	\$428.58	\$111.38	\$222.76	\$334.14	\$91.00	\$182.00	\$273.00
1 Child	\$41.67	\$83.34	\$125.01	\$32.49	\$64.98	\$97.47	\$26.54	\$53.08	\$79.62
2 Children	\$83.34	\$166.68	\$250.02	\$64.98	\$129.96	\$194.94	\$53.08	\$106.16	\$159.24
3+ Children	\$125.01	\$250.02	\$375.03	\$97.47	\$194.94	\$292.41	\$79.62	\$159.24	\$238.86

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

For dependent coverage only, use the 90 days - 17 rate for the youngest child. Any additional children will be charged the children rate up to 3+ additional children.

### 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	\$ 75.36
Spouse	\$ 75.36
2 Children	\$ 111.76
Non-Refundable Application Fee:	\$ 20.00
<b>Total Premium Due With Application</b>	<b>\$ 282.48</b>

## RATES with Chemical Dependency Coverage

Age	Deductible Levels - Rate Area 1*								
	\$500			\$1,000			\$2,000		
	30 days	60 days	90 days	30 days	60 days	90 days	30 days	60 days	90 days
90 days -17	\$51.63	\$103.27	\$154.90	\$40.25	\$80.50	\$120.76	\$32.89	\$65.78	\$98.66
18-24	\$51.63	\$103.27	\$154.90	\$40.25	\$80.50	\$120.76	\$32.89	\$65.78	\$98.66
25-29	\$51.63	\$103.27	\$154.90	\$40.25	\$80.50	\$120.76	\$32.89	\$65.78	\$98.66
30-34	\$56.79	\$113.59	\$170.38	\$44.28	\$88.56	\$132.84	\$36.17	\$72.35	\$108.52
35-39	\$60.92	\$121.85	\$182.77	\$47.49	\$94.99	\$142.48	\$38.81	\$77.62	\$116.43
40-44	\$69.70	\$139.40	\$209.10	\$54.34	\$108.69	\$163.03	\$44.40	\$88.81	\$133.21
45-49	\$90.35	\$180.70	\$271.05	\$70.44	\$140.88	\$211.33	\$57.56	\$115.11	\$172.67
50-54	\$126.49	\$252.99	\$379.48	\$98.62	\$197.25	\$295.87	\$80.58	\$161.15	\$241.73
55-59	\$147.15	\$294.29	\$441.44	\$114.72	\$229.44	\$344.16	\$93.73	\$187.46	\$281.19
60-64	\$154.89	\$309.78	\$464.67	\$120.76	\$241.51	\$362.27	\$98.66	\$197.33	\$295.99
1 Child	\$45.18	\$90.35	\$135.53	\$35.23	\$70.45	\$105.68	\$28.78	\$57.56	\$86.33
2 Children	\$90.35	\$180.70	\$271.05	\$70.45	\$140.90	\$211.36	\$57.56	\$115.11	\$172.67
3+ Children	\$135.53	\$271.05	\$406.58	\$105.68	\$211.36	\$317.03	\$86.33	\$172.67	\$259.00

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**								
	\$500			\$1,000			\$2,000		
	30 days	60 days	90 days	30 days	60 days	90 days	30 days	60 days	90 days
90 days -17	\$49.05	\$98.10	\$147.15	\$38.24	\$76.48	\$114.72	\$31.24	\$62.48	\$93.72
18-24	\$49.05	\$98.10	\$147.15	\$38.24	\$76.48	\$114.72	\$31.24	\$62.48	\$93.72
25-29	\$49.05	\$98.10	\$147.15	\$38.24	\$76.48	\$114.72	\$31.24	\$62.48	\$93.72
30-34	\$53.95	\$107.90	\$161.85	\$42.07	\$84.14	\$126.21	\$34.36	\$68.72	\$103.08
35-39	\$57.88	\$115.76	\$173.64	\$45.12	\$90.24	\$135.36	\$36.87	\$73.74	\$110.61
40-44	\$66.22	\$132.44	\$198.66	\$51.63	\$103.26	\$154.89	\$42.18	\$84.36	\$126.54
45-49	\$85.83	\$171.66	\$257.49	\$66.92	\$133.84	\$200.76	\$54.68	\$109.36	\$164.04
50-54	\$120.17	\$240.34	\$360.51	\$93.69	\$187.38	\$281.07	\$76.55	\$153.10	\$229.65
55-59	\$139.79	\$279.58	\$419.37	\$108.99	\$217.98	\$326.97	\$89.04	\$178.08	\$267.12
60-64	\$147.15	\$294.30	\$441.45	\$114.72	\$229.44	\$344.16	\$93.73	\$187.46	\$281.19
1 Child	\$42.92	\$85.84	\$128.76	\$33.46	\$66.92	\$100.38	\$27.34	\$54.68	\$82.02
2 Children	\$85.84	\$171.68	\$257.52	\$66.92	\$133.84	\$200.76	\$54.68	\$109.36	\$164.04
3+ Children	\$128.76	\$257.52	\$386.28	\$100.38	\$200.76	\$301.14	\$82.02	\$164.04	\$246.06

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

For dependent coverage only, use the 90 days - 17 rate for the youngest child. Any additional children will be charged the children rate up to 3+ additional children.

### 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	\$ 115.11
Non-Refundable Application Fee:	\$ 20.00
<b>Total Premium Due With Application</b>	<b>\$ 290.35</b>

## 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 \$300,000. Subject to this \$300,000 limit, the guaranty association will pay up to \$300,000 in life insurance death benefits, \$100,000 in net cash surrender and net cash withdrawal values for life insurance, \$300,000 in health insurance benefits, including any net cash surrender and net cash withdrawal values, \$100,000 in annuity net cash surrender and net cash withdrawal values, \$300,000 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 \$300,000 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 \$100,000 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 \$7,500,000 in claims from all Minnesota residents covered by the plan. If total claims exceed \$7,500,000, the \$7,500,000 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  
763.847.4477 • 1.800.997.1750



PreferredOne®  
INSURANCE COMPANY

[www.preferredone.com](http://www.preferredone.com)