What is short-term medical (STM) coverage?
Short-term medical coverage is temporary medical insurance that may keep you protected if you don’t have insurance or are between plans. Keep in mind that STM coverage isn’t the same as having an annual health insurance plan under the Affordable Care Act (ACA). For example, it doesn’t provide the same benefits and most likely will not excuse you from tax penalties for being uninsured. However, it will offer you protection against unforeseen medical expenses like accidents or hospitalizations that are not related to a pre-existing medical condition.

How does it work?
Like traditional health insurance, STM plans offer you different types of coverage options. For example, you can sign up for an individual plan, or one that also protects your family. There’s a choice of deductible amounts and coinsurance percentages. There’s also an out-of-pocket amount for your costs, and up to three copays for doctor office visits, depending on the term length of your coverage.

Who can get short-term medical coverage?
You can qualify if:
• You’re under age 65
• You’re a legal resident
• You have internet access and an email address
• You can answer “no” to the eight qualifying questions

Do I have to wait for the annual Affordable Care Act (ACA) Open Enrollment period to apply?
No. Short-term medical plans are not subject to the ACA rules. So, you can apply any time during the year.

How quickly will my coverage begin?
When you enroll online, your coverage could go into effect as soon as the day after you’re approved.

How long will my coverage last?
Coverage is available for 30-90 days. If you need more coverage, you can reapply for another 30-90 days.

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What is covered?
Short-term or temporary medical insurance offers coverage for a range of treatments, services and supplies. These include, but are not limited to, hospital and emergency room care, surgery, X-rays, intensive care, casts and crutches, radiation and chemotherapy, and equipment rental. Check your insurance certificate or policy for a complete listing. Also, note that coverage is subject to your deductible and coinsurance payments.

What is not covered?
Your insurance certificate or policy will include a full listing of what’s not covered. Some examples include:

• Expenses for the treatment of pre-existing medical conditions
• Expenses incurred prior to your policy’s effective date or after its expiration date
• Expenses for routine office visits, maternity or mental health services
• Medical care provided outside of the U.S.
• Wellness/preventive care benefits, including routine lab work
• Organized sports-related injuries

Can I keep my preferred doctor and hospital?
You can visit any doctor or hospital you want. However, you have access to discounted medical services through two national Preferred Provider Organizations (PPOs): MultiPlan and ACS. These network providers have agreed to use pre-determined prices for their services and supplies. The discounts you get when you use network providers for covered services help lower your out-of-pocket costs. Learn more by visiting their websites at multiplan.com or anci-care.com.

How will I receive my ID cards after I apply?
Once your online application is approved, you will receive an email from IHC with a username and password to access your ID cards and welcome kit electronically. If you need that information mailed to you, you can request it by calling IHC directly at 1-800-397-5800.

For more information, visit azblue.com/short-term.