Short Term plan

Why should I choose Short Term?

The HealthPartners® Short Term plan gives instant protection at a low cost, for those between jobs, just out of school or in transition.

- **Get coverage fast.** Because you need it now, get coverage instantly with our easy online application.
- **You have options.** Four deductible choices from \$300 to \$2,000 to meet any budget.
- **Choose your doctor.** With 700,000 providers and 6,000 hospitals nationwide, it's easy for you to access care without referrals wherever you go.
- **Get support.** Award-winning customer service to make your plan easy to use.

How does Short Term work?

This plan is meant to protect you from the high cost of unforeseen, expensive illnesses or injuries. Take this scenario:

Heather, 25, has the Short Term 80% Plan with a \$300 deducitble for 30 days. She breaks her arm (ouch!) and goes to the ER.

Total cost of Heather's broken arm: \$2,600				
Heather Pays:	\$846	HealthPartners Pays:	\$1,840	
30-day plan premium (plus application fee)	\$86			
Deductible	\$300			
20 percent coinsurance	\$460	80 percent coverage	\$1,840	

Heather saves \$1,840!

Note: This is an example. Your actual plan deductible and cost may vary.

Is a short term plan for me?

Short term plans don't take the place of comprehensive medical plans. This plan doesn't cover all health care expenses. Like all short term plans, HealthPartners Short Term doesn't cover pre-existing conditions, including pregnancy. A pre-existing condition is any injury, illness or condition that has received medical treatment, care, advice or diagnosis, symptoms or a manifestation before the effective date of your coverage. Please see your HealthPartners Short Term plan contract for details on what is and isn't covered.

What if I need a more permanent solution?

After your contract is over and you're looking for a long term solution, HealthPartners has affordable options:

- **Compass** gives 100 percent coverage for preventive care, four copay office visits before deductibles and unlimited free virtuwell® visits.
- **Traditional** gives comprehensive coverage with multiple deductible options to meet any budget.
- **Empower** is a high-deductible plan that can be paired with a health savings account (HSA).
- Peak rewards your healthy lifestyle and costs you less.

Looking for a different short term option?

If you live in the Twin Cities metropolitan area and want an online, paperless plan, check out Link90. Link90 offers 90 days of affordable coverage, plus three free visits to virtuwell®. To learn more, visit healthpartners.com/link90.



Call Individual Sales at **952-883-5599** or **877-838-4949** or apply online at **healthpartners.com/applynow**.

Short Term Summary of Benefits

For a detailed description of terms and conditions or other questions, our Individual Sales staff is ready to help: email individualsales@healthpartners.com or call 952-883-5599 or 877-838-4949.

	Short Term 80% plan	Short Term 100% plan	
Coverage length	30, 60 or 90 days	30, 60 or 90 days	
Deductible	A - \$300	A - \$2,000	
	B - \$500		
	C - \$1,000		
Out-of-pocket maximum	A - \$1,500	A - \$2,000	
	B - \$1,500		
	C - \$3,000		
Lifetime maximum per person	\$1,000,000*	\$1,000,000*	
Coinsurance	You pay 20% after deductible is met	You pay nothing after deductible is met	
Preventive care: well-child services up to age six; immunizations up to age 18	You pay nothing (Other preventive care is not covered*)	You pay nothing (Other preventive care is not covered*)	
Office visits			
Emergency and urgent care			
Inpatient and outpatient hospital care	You pay 20% after deductible is met,	Vou nou nothing often deductible is met	
Outpatient MRI and CT	until out-of-pocket maximum is reached, then you pay nothing	You pay nothing after deductible is met	
Laboratory services	, , , , ,		
Home hospice services			
Prescription medicines	You pay 20% after deductible is met,		
PreferredRx formulary; excludes birth control	until out-of-pocket maximum is reached, then you pay nothing	You pay nothing after deductible is met	

See page 8 for more information on eligibility and pricing.

Remember: You will get the highest benefit level and lowest out-of-pocket costs when you see a network provider for your care. For out-of-network costs and deductibles, please contact Individual Sales.

Services not covered: After you enroll, you will receive a Membership Contract that explains exact coverage terms and conditions. This plan does not cover all health care expenses. In general, services not provided or directed by a licensed physician are not covered. Services not covered include, but are not limited to: treatment, services or procedures which are experimental, investigative or are not medically necessary; dental care or oral surgery, including orthognathic**; non-rehabilitative chiropractic services; eyeglasses, contact lenses, hearing aids and their fittings; private-duty nursing (rest, respite and custodial care)**; cosmetic surgery**; vocational rehabilitation (recreational or educational therapy); sterilization reversal and artificial conception processes**; physical, mental or substance-abuse examinations done for, or ordered by third parties.**



^{*}Short term, limited duration plans are not subject to certain provisions of federal health care reform, including provisions related to lifetime limits, dependent coverage, preventive care and pre-existing conditions. If you have questions about how health care reform impacted our plans, please contact Individual Sales.

^{**}except as specifically described in your Membership Contract