

# › Short Term Medical plans Frequently Asked Questions

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## About HumanaOne Short Term plans

### › What is a Short Term Medical plan?

Short Term Medical plans provide health insurance for a limited period of time. Prescription drug coverage is included, but preventive care (unless mandated by the state) and optional benefits, like dental and supplemental accident benefit are not available.

It's a good option for people who are in transition and need coverage for a short, specific period of time. Some examples include: students who are about to graduate (who are no longer eligible under their parents plan), people between jobs, part-time, temporary or seasonal employees, recent retirees waiting for Medicare eligibility, new employees waiting for benefits, or people who are unemployed.

### › How do Short Term Medical plans differ from other plans?

Short Term Medical plans are different because they provide coverage for a limited amount of time. The application process is easier and if you are eligible, coverage can begin the day after you apply. Short Term Medical plans do not cover pre-existing conditions. The plans are non-refundable (except in Colorado) and not renewable.

### › Is dental or vision care included in Short Term Medical plans?

No. HumanaOne Short Term Medical plans are designed to protect you against unexpected accidents or illnesses. Short Term Medical plans don't include dental or vision.

## Length of coverage

### › How soon does coverage start with a Short Term Medical plan?

Short Term Medical plans are designed to give you the coverage you need quickly. After answering a few simple questions about your health history you'll know if you qualify when you apply. If you are eligible, coverage can start as soon as the day after you apply. If you're planning ahead, you can select an effective date up to 45 days from the day you apply.

### › What's the shortest—and longest—time I can be covered under a Short Term Medical plan?

You can have coverage for a minimum of 30 days and up to a maximum of one year in Alabama, Arizona, Nebraska, and Wisconsin. You can only have coverage for up to six months in Colorado, Louisiana, Michigan, and Ohio.

### › What if I only need coverage for less than 30 days?

Like most other short term plans, Short Term Medical plans from HumanaOne have a minimum coverage period of 30 days.

## Eligibility

### › Who is eligible for Short Term Medical plans?

Coverage is available for individuals and families ages 30 days up to 64 years, and 11 months. Dependent children may be covered up to age 25 (may vary by state; see state-specific benefit summary for details).

### › How will I know if I qualify?

If you can answer "no" to the short health risk assessment questions, you are eligible. If you answer "yes" to any of the questions, you will not be eligible for coverage, however, you may still apply for a different HumanaOne health plan.

### › I have a pre-existing medical condition. Will I qualify for a Short Term Medical plan?

HumanaOne Short Term Medical plans are designed to protect you from unexpected expenses due to illnesses or accidents. Plans do not cover pre-existing medical conditions. Depending on the condition, you may still qualify for medical coverage, but pre-existing conditions will not be covered.

## HIPAA

### › Does applying for a Short Term Medical plan affect my HIPAA eligibility?

Yes. If you recently lost group coverage through your employer and you have a pre-existing medical condition, a Short Term Medical plan may not be ideal for you. If you purchase a Short Term Medical plan instead of electing COBRA, you'll become ineligible for any guaranteed-issue individual health insurance plans offered by your state (often referred to as HIPAA plans).

## Plan benefits

### › What is the lifetime maximum benefit for Short Term Medical plans?

HumanaOne Short Term Medical plans have a \$2 million maximum benefit.

### › Do Short Term Medical plans include prescription drug benefits?

Yes, prescription drug coverage is included. Once you've met your deductible, the plan pays 80 or 100 percent of covered prescriptions (depending on the plan you choose). Prescription drugs for pre-existing conditions will not be covered.

## › Will HumanaOne Short Term Medical plans pay benefits if I need medical care in another city?

Yes, the Short Term Medical plans are portable just like all other HumanaOne health plans. Because of our large network, you'll most likely be able to access in-network providers across the continental United States.

## Plan changes

### › Can I add a newborn or adopted child?

As long as a newborn meets the eligibility requirements, the only "underwriting" pertains to the date of conception. The pregnancy must be found by a health care practitioner to have begun after the effective date of the policy/certificate. To add a newborn or adopted child, you must submit written notice of the birth or adoption and any required premium within 31 days of the birth. Call 1-800-458-1354 to add a newborn or adopted child.

If you paid the one-time full amount for your policy/certificate, then you'd need to submit payment for the extra premium (for the full life of the policy/certificate) before the child can be added. If you pay by paper coupons, then you'll need to submit the additional amount each month until the policy/certificate expires. If you have monthly electronic funds transfer (EFT) or credit card payments, you must submit current premium before the child can be added. Any future drafts will include the premium for the newly added child.

### › Can I add my spouse after I've been issued a Short Term Medical plan?

No, spouses may apply for their own Short Term Medical plan.

## Renewals, Rewrites, Extension of Benefits

### › Can I renew my Short Term Medical plan?

You cannot renew an existing Short Term Medical plan.

### › What happens if I sustain an illness or injury that requires treatment extending beyond the life of my policy/certificate?

Extension of Benefit provisions will apply (for no additional premium) with Short Term Medical plans under two scenarios:

1. Totally disabled: You have met your deductible and are totally disabled—coverage for disabling condition continues, but not beyond the earliest of the following dates:
  - a) the date which you are no longer continuously confined in a hospital;
  - b) the date you are no longer certified totally disabled;
  - c) the date any maximum benefit or your individual lifetime maximum is met;
  - d) the last day of a 12 month period following the expiration of your plan; or
  - e) the earliest day permitted by law.
2. You have met your deductible and are being treated for complications of, or need follow-up treatment for, a sickness that commenced or an injury sustained during the policy/certificate period.
  - a) \$1,000 maximum benefit provided for a period of not more than 60 days beyond the expiration date.

### › Can I get another Short Term Medical plan after my first one terminates?

No. At this time, you can not apply/enroll for a new plan.

## Payment options

### › What are the payment options?

You can either make monthly payments or a one-time payment of your full premium amount. If you know you'll only need short term coverage for a specific amount of time, you may want to pay your full premium up front. With a one-time payment you can save up to 20 percent on your total premium cost.

For one-time payments:

- Credit cards and EFT are available for payment
- Applicants must choose the exact number of days

If you'd prefer, monthly payment options are available. Monthly plans run on a 30 day billing cycle, except the initial payment which is a 35 day period. Payments are due at the beginning of each cycle.

For recurring payments:

- Credit cards, EFT, and paper coupon sheets are available for payments
- If you choose the monthly payment method, you'll have due dates specific to your policy/certificate (any day of the month)
- If you choose paper coupon sheets, they will be pre-printed and sent in your welcome packet. There is one coupon for each 30 days of coverage (minus the first 35 days paid by credit card or EFT) that you may submit with a check payable to Humana.

Initial payments must be made by either credit card or EFT and include an application fee, association fee (where applicable), and premium payment. You may not make cash payments. Premium payments and application fees will not be refunded.

## Canceling coverage

If you no longer need coverage, and you pay via EFT or credit card, you are responsible for canceling your plan at least five days before the next billing cycle begins by calling 1-800-458-1354. If you pay by coupon, simply stop sending payment. The application fee is non-refundable. If you selected the single pay option and cancel your coverage early, you will not be refunded your premium (unless mandated by state).

## Application options

### › What are my options for applying for a Short Term Medical plan?

There are several options to apply:

1. Apply via paper:
  - Fax the application included in the Short Term Medical brochure to 1-866-217-2122
  - Mail the completed application to:  
Underwriting Department  
HumanaOne  
P.O. Box 1633  
Waukesha, WI 53187-9911
2. Online:
  - Complete the online application sent to you by your agent
  - Complete the application online, with the assistance of your agent
3. Call:
  - Once you know the plan you want, you can call 1-800-552-0758 to apply and sign your application over the phone.

## Association membership

### › Short Term Medical plans require membership in an association in some states. What is this and why is it required?

The association, Peoples' Benefit Alliance is a membership organization that provides educational information and discounts on goods and services to its members. To be eligible to apply for certain HumanaOne health plans, including Short Term Medical, membership in the association is required in some states at an additional cost.

### › Which states require association membership?

Alabama, Arizona, Michigan, Nebraska, Ohio, and Wisconsin.

### › How much does it cost to belong to an Association?

The monthly Association monthly dues are .13 a day or \$3.90 every 30 days. If you choose the monthly pay option, your initial Association payment will be based on 35 days and will cost \$4.55. If approved for coverage, your dues will be collected with your insurance premium—there is no separate bill.

### › What benefits are available to me as an association member?

Association members receive discounts for health, travel, consumer, and business-related services, such as:

- Car rentals
- Express delivery services
- Office supplies and furniture
- Floral services
- Child ID card services

### › What if I don't want to join the Association?

Membership is required in applicable states.

### › Where can I get more information on the specific discounts and services available through the Association?

If approved for a Short Term Medical plan, you'll receive a Peoples' Benefit Alliance informational kit with the HumanaOne welcome packet. The kit contains important information regarding the Association discounts and services.

You also may refer to the Association Website at [www.peoplesbenefitalliance.com](http://www.peoplesbenefitalliance.com). However, only general Association information will be available to potential members. After joining the Association, you'll receive a login and will be able to access specific information. You may contact an Association representative directly at 1-866-838-8437.

## Agent commissions

### › What commission is paid on Short Term Medical plans?

Commission is 20 percent of premium.

### › Do agents receive commission on association dues and/or application fees?

No, commission is not paid on association dues or application fees.

## Marketing materials

### › What materials are available to promote the Short Term Medical products?

- Single Plan Summary – detailed grid that includes plan options, services, and limitations
- Product Brochure – includes HumanaOne’s entire portfolio of plans, including Short Term Medical products
- Posters – display your agent information on personalized posters that promote Short Term Medical products
- Web Banners – post banners on your Website that link your clients to additional information about Short Term Medical plans
- Short Term Medical brochure – step-by-step guide to enrolling for Short Term Medical plans; includes rate sheets and application
- Generic Product Grid – overview of HumanaOne product portfolio, including Short Term Medical plans

### › How does the Short Term Medical brochure work?

The Short Term Medical brochure contains information about Short Term Medical plans as well as rate sheets and an application. It’s an easy step-by-step guide that enables your clients to:

- Determine eligibility
- Calculate premium
- Apply for a plan

### › What else do I need to know about the Short Term Medical brochure?

- If you distribute these in the mail or at a school or office, make sure to include your agent information on the application or identify yourself on the brochure with a sticker
- The brochure only allows applicants to calculate premium for 31 day increments. If they would like a specified number of days, such as 97, they will have to contact you to generate a quote online

## Other questions

### › Can I have 10-day free “look” with Short Term Medical plans like all other plans in HumanaOne’s portfolio?

Yes, if you are not satisfied for any reason you can call and cancel coverage within 10 days of receiving your policy/certificate for a full refund of your premium. Application fees and association dues are non-refundable.

### › Does HumanaOne offer other coverage options?

Yes, HumanaOne offers a wide variety of health insurance plans. If your needs change, you can apply for another HumanaOne product.



The HumanaOne brand of individual products are insured by subsidiaries of Humana, Inc. This document is a reference tool which provides an overview of the HumanaOne Short Term Medical Plans and is not all-inclusive. Exclusions and limitations apply. Please contact your sales representative if you have additional questions.