



Life's next big adventure  
is just around the corner.  
Let us help you get  
there safely.



Short Term  
Medical Coverage

We want you to live every single moment to the fullest. And that means being prepared for whatever life has in store. So while you're waiting for life's next chapter to begin, let's make sure you have the protection needed to carry you through to your next journey.

### **Now, you can get the short term coverage you need to meet life's crossroads**

When you have Short Term Medical coverage with Blue Cross and Blue Shield of Georgia, (BCBSGA) you're making the best choice possible to cover your health needs. Why would you need short term coverage? This could be for any of the following reasons:

- You're between jobs
- You're waiting for permanent coverage from us for an Individual or Family plan
- You have a waiting period for coverage at a new job
- You're a temporary or seasonal employee
- You're a dependent who is no longer covered by your parent's plan

With a Short Term Medical PPO policy from BCBSGA, you'll get the coverage Georgians have known and trusted for over seventy years.

### **You're covered almost immediately**

Once we receive your properly completed application (one that includes the correct initial and subsequent payment information) we will begin processing it immediately. See the attached application form to determine when your policy can be effective.

Here's what your plan includes:

- Coinsurance: Once your deductible is met, we pay 80 percent of the eligible charges when you visit a PPO provider. And, once your out-of-pocket maximum is met, we're responsible for 100 percent of any additional eligible charges. If you use an out-of-network provider for anything except a medical emergency, your portion of the payment is 40 percent.
- Choice of Deductible - You have options of \$250, \$500, \$1,000 and \$2,500
- A lifetime maximum benefit of \$2,000,000.
- An extension of benefits for total disability.
- Prescription Drug Coverage - For generics you pay a \$15 copayment or 40 percent coinsurance whichever is greater, no matter which pharmacy you visit. For Brand-name drugs, you pay a \$15 copayment or 40 percent, whichever is greater after a separate \$250 deductible.
- Out of Pocket Limit: After you pay your deductible you will pay no more than \$3,000 (or \$6,000 for two or more covered persons) in coinsurance or copayments, as long as you stay within our network. After that, BCBSGA Short Term plan pays 100 percent of covered benefits.

## **Your BCBSGA Short Term coverage plan is a PPO. Here's how it works.**

PPO stands for Preferred Provider Organization. A PPO uses a network of providers (hospitals, doctors, and other medical providers) that have agreed to accept our negotiated rates as payment for their services. With BCBSGA's PPO, you have the freedom to see any provider you choose. That means you can visit providers outside our network and still have benefits.

## **Using network and non-network providers – what's the difference?**

### **Choosing providers within our network can save you money**

With a BCBSGA PPO plan, you have access to our large network of providers. Because these providers have agreed to a lower charge, any coinsurance you owe is significantly reduced. And if you haven't met your deductible yet, with a network provider you're only responsible for paying our negotiated rate – so you save money even before your benefits begin. However, if you choose to see a provider who is not in our network, your costs can be significantly higher.

You can find the network of preferred medical providers by going to [bcbsga.com](http://bcbsga.com) and clicking on "Find a Doctor."

## **Covered services you can count on, from day one**

Short Term services can definitely have long term benefits. Your Short Term PPO has many of the benefits of a regular long-term policy that could make a healthy difference in the long run. Take a look at the services you'll receive:

### **Outpatient Hospital Care**

- Emergency care for injuries
- Medical emergencies
- Pre-admission testing
- Surgery
- Diagnostic services
- Certain therapy services

### **Inpatient Hospital Care**

- Semi-private room/board and intensive care
- Operating and recovery rooms/supplies
- Prescribed drugs, injections and solutions
- Miscellaneous services/supplies
- Diagnostic services

### **Physician Care**

- Inpatient medical care
- Physician office visits
- Preventive care for adults/children
- Surgical services
- Surgical assistant (inpatient only)
- Anesthesia services
- Consultation services
- Diagnostic services
- Certain therapy services

### **Other Providers of Care**

- Home health agency (up to 40 visits)
- Ambulatory surgical center
- Skilled nursing facility (up to 30 days)

### **Other Services/Supplies**

- Prescription drugs
- Prosthetic appliances

## Flexible plan options for uncertain timeframes

When you apply, you decide how long you want your coverage to last; from one month to six months, in one month increments. You can pay the entire premium up front, or monthly. And, when your coverage ends, if you decide you need additional coverage you can reapply for a second policy with a term of up to six months. However, if you have two consecutive policies, you must wait one year before you can apply for a third Short Term Medical policy.

If you choose more than one month of coverage on your application, then you'll be required to select a subsequent payment option. Just tell us how you plan to make the additional payments on your application and your application will be complete. If this information is not included, your start date could be delayed.

## More good news!

If your application for permanent Individual or Family coverage with us is approved while you have our Short Term Medical coverage, then all of your unused Short Term Medical premium will be applied to your permanent policy.

## Ready to Enroll?

Contact your BCBSGA sales representative today.

*This brochure should not be mistaken for your Contract. You'll receive a disclosure of all benefits, exclusions and limitations in your contract after your application is approved.*

## Applying is easy. Follow these simple steps to make sure your application is processed properly:

1. Complete the entire application.
2. Include a check or your credit card information for the initial one month of coverage.
3. If you select more than one month of coverage, let us know how the additional payments will be made (either by an electronic funds transfer (EFT) from your checking account or a charge to your credit card.) Be sure you include the credit card information on your application.
4. Contact your BCBSGA sales representative with any questions.

## Take a Free Look

The Georgia Department of Insurance law gives you the first 10 days of coverage to use to change your mind. If you decide to cancel during these 10 days, we will refund your full premium.

## To determine your monthly premium amount

- Find the table for the policy type you need (Single, Couple, etc.)
- Use the age of the oldest adult to be covered
- Find your desired deductible to get your rate.

### Single & Children

Age	\$250	\$500	\$1,000	\$2,500
0-19	430.69	290.45	236.30	171.37
20-24	434.67	293.13	238.48	172.95
25-29	448.84	302.69	246.26	178.59
30-34	479.23	323.18	262.93	190.68
35-39	529.99	357.41	290.78	210.88
40-44	563.92	380.30	309.40	224.38
45-49	593.43	400.20	325.59	236.12
50-54	679.90	458.51	373.03	270.52
55-59	771.23	520.10	423.14	306.86
60-64	991.37	668.56	543.92	394.45

### Single

Age	\$250	\$500	\$1,000	\$2,500
0-19	143.56	96.82	78.77	57.12
20-24	147.55	99.50	80.95	58.71
25-29	134.42	90.65	73.75	53.48
30-34	146.22	98.61	80.22	58.18
35-39	179.86	121.29	98.68	71.56
40-44	202.73	136.72	111.23	80.66
45-49	245.52	165.57	134.70	97.69
50-54	337.29	227.46	185.06	134.20
55-59	447.21	301.59	245.37	177.94
60-64	704.24	474.93	386.38	280.21

### Couple

Age	\$250	\$500	\$1,000	\$2,500
0-19	287.13	193.63	157.53	114.24
20-24	294.80	198.81	161.74	117.30
25-29	268.83	181.29	147.49	106.96
30-34	288.31	194.43	158.18	114.71
35-39	345.26	232.84	189.43	137.37
40-44	390.70	263.48	214.36	155.46
45-49	463.15	312.34	254.11	184.28
50-54	612.61	413.13	336.11	243.75
55-59	805.46	543.18	441.92	320.48
60-64	1,222.42	824.38	670.69	486.39

### Single & Child

Age	\$250	\$500	\$1,000	\$2,500
0-19	287.13	193.63	157.53	114.24
20-24	291.11	196.32	159.72	115.83
25-29	277.98	187.46	152.51	110.60
30-34	289.78	195.42	158.99	115.30
35-39	323.42	218.11	177.45	128.69
40-44	346.29	233.53	189.99	137.79
45-49	389.08	262.39	213.47	154.81
50-54	480.85	324.28	263.82	191.33
55-59	590.78	398.41	324.13	235.06
60-64	847.80	571.74	465.15	337.33

### Family

Age	\$250	\$500	\$1,000	\$2,500
0-19	492.51	332.14	270.22	195.96
20-24	500.18	337.31	274.43	199.02
25-29	515.38	347.56	282.77	205.06
30-34	579.27	390.65	317.82	230.48
35-39	666.76	449.65	365.82	265.30
40-44	712.80	480.70	391.08	283.61
45-49	761.64	513.63	417.87	303.05
50-54	870.23	586.87	477.45	346.25
55-59	1,035.48	698.31	568.12	412.01
60-64	1,429.73	964.18	784.42	568.87

## Who is eligible?

To be eligible, an applicant must be a Georgia resident, be at least 30 days old, not older than age 64 and not eligible for Medicare.

## Please keep in mind the following:

There isn't continuous coverage between policies so your new policy won't provide benefits for any condition or symptom that began during a previous policy or during the five years before the effective date of coverage. No benefits are available for any period where you aren't covered by our Short Term Medical policy.

If you want an additional policy, you'll need to complete a new application. If approved, we'll send you a new policy. Please be aware that if you receive two consecutive policies, you must wait one year before you can apply for a third.

## Check the following medical criteria that may affect your coverage

With our Short Term Medical coverage, you won't receive coverage for any illness, injury or other condition where medical advice, diagnosis, care or treatment was recommended or received during the last 24 months before the effective date of coverage. In addition, you must meet certain medical requirements in order for us to give you the coverage you desire.

## Need help understanding policy terms? Here are some definitions

**Copayment:** A copayment is a specified amount of money you pay at the time you receive health care services (we pay the remainder). A copayment is similar to coinsurance, except coinsurance is usually a percentage of certain charges while a copayment is a fixed dollar amount.

**Coinsurance:** This is the amount you'll pay after the cost of medical care once your deductible is paid. It's usually expressed as a percentage of the fees incurred.

**Deductible:** This is the amount you would pay before your health care plan pays for covered services. The deductible is usually a set amount. For example, a health care plan might require you to pay the first \$500 during a calendar year before the health care plan begins paying for covered services.

**Premium:** This is the periodic cost of your insurance policy.

**Total disability:** This is a condition that is the direct result from a disease or injury. As a result, you aren't able to perform the major duties of your job and you can't work for wages or profit.

## Exclusions

As with all health plans, there are some exclusions. Your contract does not provide benefits for: the 12 months following the effective date of the policy for any illness, injury or other condition for which medical advice, diagnosis, care or treatment was recommended or received 24 months prior to the effective date; services and supplies not medically necessary or not consistent with the diagnosis; treatment for which payment is made by any local, state or federal government (except Medicaid); services paid under Medicare or the Veterans Administration; any injury or disease related to war, declared or undeclared, or military service; convalescent or custodial care; hair transplants, eyeglasses/contact lenses/radial keratotomy and the examinations associated with them; hearing aids; experimental services; weight reduction or treatment for obesity; physical, occupational or speech therapy for developmental delay; infertility or cosmetic services, except as otherwise stated in the contract.

In addition, pregnancy related services are not covered. Also not covered are dental care and treatment and oral surgery. A full disclosure of all benefits, exclusions and limitations is included in the Contract for this coverage or any optional coverage amendments. Please review these carefully upon enrollment.



**BlueCross  
BlueShield**  
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