



Nebraska Short Term Insurance Plans Versus ACA Insurance Plans

(please refer to the Plan Schedule of Benefits for specific encounter benefits and limitations)

	Short Term Health Insurance Plans	ACA Health Insurance Plans
Availability of coverage?	Subject to medical underwriting. Coverage can start as early as the next day for injuries, 5 days for illness.	Limited to Open Enrollment (or during a Special Enrollment with a qualifying event).
Length of coverage?	Coverage duration periods of up to 364 days available only.	Coverage duration available monthly usually for 12 months and renewable subject to new premiums.
Coverage duration maximum benefit amounts	Typically, choices of maximum benefit coverage from \$100,000 to \$1,000,000 per plan.	Unlimited
Type of coverage?	Short term medical insurance coverage. Coverage varies by plan, and plans are NOT required to include the 10 essential health benefits required by the ACA.	Comprehensive medical insurance coverage. All plans include the 10 essential health benefits required by the ACA.
Monthly costs?	Generally, cost less than ACA health plans, but you may also be subject to a tax penalty.	Generally, more expensive than Short Term health plans, but tax subsidies may reduce your costs.
Is preventive care included?	Preventive care coverage is not included	Yes. Preventive care is one of the 10 essential health benefits required in all ACA health plans.
Is Maternity coverage available	Maternity coverage is not available.	Yes, coverage the same as any other illness is normally included.
Is Mental Illness and Substance Abuse treatment covered	Yes, both Mental Illness and Substance abuse is covered but has maximums on the number of covered days and amounts of benefits available.	Yes, coverage is the same as any other illness.
Rx drug coverage?	Available with only some plans. All plans offer at least discounts for RX drug coverage. No RX coverage for specialty drugs.	Yes. All ACA plans have Rx drug coverage.
What network is included?	Full access to the any provider no narrow PPO network restrictions.	Access to a network that varies by location and size.
Are referrals required?	No primary care physician/specialist referrals are required.	Some plans require referrals.
Is there coverage for preexisting conditions?	No. Even if you are approved for a Short-Term health plan, preexisting conditions are not covered.	Yes. ACA plans are guarantee issue, meaning you cannot be turned down for coverage and your preexisting conditions would be covered.



For the first policy, pre-existing conditions diagnosed within the sixty-month period immediately preceding such covered person's effective date are excluded for the first 12 months of coverage. (This exclusion does not apply to a newborn or newly adopted child who is added to coverage under this certificate.) For policies two, three and four, refer to the policy for the pre-existing condition exclusion.

Emergency pre-certification: In the event of an emergency hospital admission, pre-certification must be made within 48 hours after the admission, or as soon as is reasonably possible.

Waiting Period: Covered Persons will only be entitled to receive benefits for Sicknesses that begin, by occurrence of symptoms and/ or receipt of treatment, at least 5 days following the Covered Person's Effective Date of coverage under the policy. Covered Persons will only be entitled to receive benefits for Cancer that begins, by occurrence of symptoms or receipt of treatment at least 30 days following the Covered Person's Effective Date of coverage under the policy.

Outpatient prescription drugs, medications, vitamins, and supplements including pre-natal vitamins, or any over-the-counter medicines, whether or not ordered by a doctor. For Standard and Deluxe plans, outpatient drugs are only covered by the plan's prescription drug coverage endorsement.

Routine pre-natal care, pregnancy, childbirth, and post natal care. (This exclusion does not apply to "Complications of Pregnancy").

Weight modification or surgical treatment of obesity.

Injuries resulting from participation in any form of skydiving, scuba diving, auto racing, bungee jumping, hang or ultra light gliding, parasailing, sail planing, flying in an aircraft (other than as a passenger on a commercial airline), rodeo contests or as a result of participating in any professional, semi-professional or other non-recreational sports including boating, motorcycling, skiing, riding all-terrain vehicles or dirt-bikes, snowmobiling or go-carting.

Modifications of the physical body in order to improve the psychological, mental or emotional wellbeing, such as sex-change surgery.

Surgeries, treatments, services or supplies for cosmetic or aesthetic reasons, except for reconstructive surgery, which is expressly covered under this certificate.

Any drug, treatment or procedure including but not limited to: artificial insemination, treatment for infertility or impotency, sterilization or reversal of sterilization.

Any drug, treatment or procedure that either promotes, enhances or corrects impotency or sexual dysfunction.

Abortions, except in connection with covered complications of Pregnancy or if the life of the expectant mother would be at risk.

Dental treatment, except for dental treatment that is expressly covered under this certificate.

Eye surgery when the primary purpose is to correct nearsightedness, farsightedness or astigmatism.

Treatment for cataracts.

Injury resulting from being under the influence of or due wholly or partly to the effects of alcohol or drugs, other than drugs taken in accordance with treatment prescribed by a doctor.

Willfully self-inflicted injury or sickness.

Venereal disease, including all sexually transmitted diseases and conditions.

Immunizations and routine physical exams.

Care, treatment or supplies for the feet.

Care and treatment for hair loss.

Treatment of sleep disorders.

Organ or tissue transplants or related services.

Treatment for acne, moles, skin tags and other specific conditions of the skin and skin diseases.

Services received or supplies purchased outside the United States, its territories or possessions, or Canada.

Treatment for or related to any congenital condition, except as it relates to a newborn or adopted child added as a covered person to this certificate.

Chiropractic adjustments.

Expenses during the first 6 months after the effective date of coverage for a covered person for the following (subject to all other coverage provisions, including but not limited to the pre-existing condition exclusion):

- *Total or partial hysterectomy, unless it is medically necessary due to a diagnosis of carcinoma;*
- *Tonsillectomy;*
- *Adenoidectomy;*
- *Myringotomy;*
- *Tympanotomy;*
- *Repair of deviated nasal septum or any type of surgery involving the sinus;*
- *Herniorraphy;*
- *Cholecystectomy.*

*This is a partial list of exclusions and limitations. Please see the certificate for detailed information about these and other policy exclusions and limitations. Benefits, provisions, limitations and exclusions may vary by state.