

## Nebraska Short Term Insurance Plans Versus ACA Insurance Plans

	<b>Short Term Health Insurance Plans</b>	<b>ACA Health Insurance Plans</b>
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.
Is preventive care included?	Some but not all ACA required Preventive Care is covered. For example mammography; colorectal cancer screening; Child immunizations are covered	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 included	Yes, Covered as an essential health benefit
Is Mental Illness and Substance Abuse treatment covered?	Mental Illness and Substance Abuse treatment are covered under some plans, or with limited coverage for alcoholism only. When included covered the same as any illness.	Yes, Covered as an essential health benefit
Rx drug coverage?	RX drug coverage is included with some plans; Specialty Drugs not covered.	Yes. Covered as an essential health benefit
Enrollment Availability of Coverage?	Buy at any time of year; Subject to medical underwriting,	Limited to Annual Open Enrollment (or during a Special Enrollment with a qualifying event).
Waiting Period	No waiting period for injuries, 3 days for illness, 30 days for cancer after you apply.	No waiting period
Length of Coverage?	An expiration date that is less than 364 days after the original effective date and, taking into account renewals or extensions, has a duration of no longer than 36 months in total.	Coverage duration available monthly usually for 12 months and renewable subject to new premiums.
Coverage duration maximum benefit amounts	Choice of maximum benefit coverage from In-Network – \$500,000 or \$1,000,000 Out-of-Network \$375,000 or 750,000 per plan	Unlimited
Type of Coverage?	Short Term Limited Duration Coverage varies by plans and is NOT required to cover 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.

Is there a deductible	Yes. Generally, you must pay all of the costs from providers up to the deductible amount you elected before the plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until 2 insured family members meet their deductible and then any remaining insureds in the family are deemed to have satisfied their deductible. Deductible doesn't apply to some in-network benefits.	Yes. Generally, you must pay all of the costs from providers up to the deductible amount you elected before the plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until 2 insured family members meet their deductible and then any remaining insureds in the family are deemed to have satisfied their deductible. Deductible doesn't apply to some in-network benefits.
What is the Coinsurance percentage	The coinsurance percentage is your share of the costs of a covered health care service, calculated as a percentage (for example, 20%) of the allowed amount for the service. This will vary based on the plan you pick.	The coinsurance percentage is your share of the costs of a covered health care service, calculated as a percentage (for example, 20%) of the allowed amount for the service. This will vary based on the plan you pick.
Provider Network	When insureds use Cigna providers, they are not subject to balance billing	When insureds use in network providers, they are not subject to balance billing