



# Short Term Medical Benefit Attributes

## 3X4 Deluxe Plan

<b>Deductibles</b>	\$1,000, \$1,500 or \$2,500
Coinsurance	80%
Out of Pocket Maximum	\$10,000
Period Maximum Benefit	\$100,000; \$250,000; \$500,000; \$1,000,000
GP Office Visit Copay	\$30
SPC Office Visit Copay	\$60
Urgent Care Copay	\$60
Generic Drugs	\$10 Copay, No Deductible
Brand Drugs	After \$500 RX Deductible, Tier 1 Brand \$50, Tier 2 Brand \$75 No Specialty Drugs
Emergency Room Deductible	\$250 Plus Deductible & Coinsurance
Outpatient Surgical Facility Deductible	\$0, Applies to Deductible & Coinsurance
Inpatient Admission Deductible	\$0, Applies to Deductible & Coinsurance

### Benefit Rules & Limitations

**GP, SPC & Urgent Care Office Visit Copay**—combined will not exceed 3 visits per Coverage Period. Visits in excess of the maximum of 3 visits per Coverage Period will be subject to the Deductible and Coinsurance.

Services limited to E&M codes, all other charges subject to deductible and coinsurance.

Emergency Room Deductible - must be for life threatening services or standard deductible and coinsurance apply

Outpatient Surgical Facility Deductible - per bill deductible, applied to the facility bill

Ground Ambulance	\$1,000 per trip
Air Ambulance	\$2,500 per trip
Home Health Care	40 visits
Hospice	\$2,000 per coverage period
Skilled Nursing	60 days
Extended Care	60 days
DME	\$500
Athletic Injury	Same as any other illness/accident
Physical Therapy	\$50 per visit; 20 visit max
Mental Illness	Outpatient: \$50 per visit; 10 visit max; Inpatient: \$100 per day, 31 day max
Pre-X Expense Allowance	50% of deductible amount of each specific plan