"Is this short-term health insurance plan right for me?"

"** You must read and sign this form. **"

<< Instructions to issuers:

- Required text is in quotation marks—remove quotation marks on your form.

- Except for contents of quotation marks, do not print the text inside two chevrons ('<<' and '>>') on the form you give to consumers.

- Content in brackets contain options. You must choose one of the options. Remove brackets on the form you give to consumers.

- Paragraph numbers and letters that are not within quotation marks and that are in bold font and enclosed in parenthesis like this **(X)** are for reference purposes only. Do not print the paragraph numbers and letters on the form you give to consumers.

- The mark X indicates the places you need to enter a number.

- The mark YYYY indicates the places you need to enter a year.

- You must use spacing of six points or more between bullets and paragraphs.

- You must bold text as indicated.

- Per statute, this form must be printed in 14-point font. >>

"**Plan name:**" <<Enter the plan marketing name>>

"**Offered by:**" <<Enter the name of issuer that is underwriting the coverage>>

(1) "This plan does not need to follow federal Affordable Care Act (ACA) rules. Unlike ACA plans, this short-term plan:

- May not cover all injuries or sicknesses, including any you have before applying.
- May not pay for some medical care you might need.
- Doesn't allow you to get federal help with premiums or out-of-pocket costs (tax credits and cost-sharing reductions).

Carefully read the information below so you know this plan's coverage limits and your rights under this plan."

(2) "How long will this plan cover me?"

<< Enter the number of days or months coverage will last under the initial term without any action by the consumer, assuming no fraud, misrepresentations, or failure to pay premiums. >>

"X ['days' or 'months']"

(3) "Can I renew or extend this plan?"

<< If the answer is 'No,' use: >>

"No."

<< Or, if the answer is 'Yes,' use: >>

"Yes. You have the right to renew the plan X times. But the total amount of time you can be covered by this plan is limited to X ['days,' 'months,' or 'years']. The amount of your premium payment might change after you renew this plan. But the amount can't go up because of a change in your health. A change in your health can't affect your benefits or your right to renew."

<< Also explain any other option to extend the plan. >>

(4) "When this plan ends, can I sign up for another insurance plan?

- **If you want to sign up for another short-term health plan or another plan not covered by ACA laws:** You can sign up for another plan at any time. But a short-term health plan can deny you for health reasons. The amount of your premium payment might change.

- **If you want to sign up for a health plan covered by ACA laws:** You can sign up for another plan only during open enrollment or if you have a qualifying life event (like losing coverage from your job or having a baby). To find out if you have a qualifying life event, talk to your insurance agent or go to HealthCare.gov."

  o The next open enrollment dates for ACA plans are:" << To the extent possible, enter the dates of the next three open enrollment periods following the date the initial term of the policy expires. Enter the dates using the format shown below. >>

  "**YYYY:** [Month] [day] to [Month] [day]

  YYYY: [Month] [day] to [Month] [day]

  YYYY: [Month] [day] to [Month] [day]

  o When you sign up for a plan during HealthCare.gov open enrollment dates, your insurance coverage will start January 1.

  o **The end of this plan is not a qualifying life event. You may have to wait until the next open enrollment period to sign up for an ACA plan.**"

(5) "Am I covered for an injury, illness, or disease I had before I applied for this plan (a preexisting condition)?"

"Yes." << If the answer is 'Yes' and there are limitations or exclusions, explain them here. >>

<< If the answer is 'No'—preexisting conditions are excluded in full or in part, use: >>

"No.

- You must tell the truth when answering questions about your health.

- We can deny claims for any injury, illness, or disease you had before signing up for this plan (whether or not you tell us about your condition)."

(6) "What is the most (maximum) this plan will pay for services?"

<< Provide the policy term amount and, if applicable, provide the lifetime limit amount.

If there is only a policy term amount, use: >>

"$X"

<< If there is a policy term amount and a lifetime limit amount, use: >>

"Policy term: $X

Lifetime limit: $X"

(7) "What is the deductible (the amount I must pay for services before this plan starts paying)?"

<< If the plan is not a PPO, use: >>

"You must pay $X (plus your premiums) before the plan will start paying for services."

<< Specify any services that are exempt from the deductible or that have different deductibles. If the deductible can reset more frequently than annually, this must be disclosed.

If the plan is a PPO, use: >>

"You must pay the following (plus your premiums) before the plan starts paying for services:

- $X for in-network services.
- $X for out-of-network services."

<< Specify any services that are exempt from the deductible or that have different deductibles. If the deductible can reset more frequently than annually, this must be disclosed. >>

(8) "Does this plan use a network of doctors / providers?"

<< Choose the applicable answer below. >>

"Yes, the plan is a PPO (preferred provider benefit plan) and has a network of doctors / providers. You can get care from in-network and out-of-network providers. Your costs are usually lower when you use in-network providers.

View the plan's list of in-network doctors / providers:" << Provide a website address to the plan directory or provide other information on how to locate providers. >>

<< or >>

"Yes, the plan is an EPO (exclusive provider benefit plan) and has a network of doctors / providers. Except for emergency care and some other situations, the plan covers care only from in-network providers.

View the plan's list of in-network doctors / providers:" << Provide a website address to the plan directory or provide other information on how to locate providers. >>"

<< or >>

"No. Your coverage is the same, no matter what doctor / provider you use. But the amounts the plan will pay might be less than providers charge for care. Doctors / providers can bill you directly for any amount the plan does not pay."

<< As applicable, include either: >>

"No providers have agreed in advance to give care at a set price with this plan."

<< or >>"The plan has a network of providers, but you are not limited by this list. If you choose an in-network provider, they will charge you a discounted price. View the plan's list of in-network doctors / providers:" << Provide a website address to the plan directory or other information on how to locate providers. >>

(9) "What type of care will this plan cover?"

"Review the chart below to know which benefits are covered by this plan. ACA plans cover all listed benefits with few limits, but this plan limits coverage for some types of care."

<< The chart below may be supplemented to include cost-sharing information for each benefit. If cost-sharing is not included, state: >>

"The chart below does not include your copay and coinsurance amounts. Ask your agent or the plan for this information."

"Type of care"	"Is it covered?"
<< This row is only for instructions. Remove this row on the copy you give to consumers. >>	<< For each benefit listed in the rows below, choose the applicable language: >> "Yes, coverage is like ACA plans." << or >> "Yes, but there are some limits." << or >> "No" << Explain any applicable limitations (including benefit maximums), exceptions, or other important information about the nature of coverage. >>
(a) "Emergency room visit"	<< Use the same instructions given in the first row of this column. >>
(b) "Urgent care"	<< Use the same instructions given in the first row of this column. >>

"Type of care"	"Is it covered?"
(c) "Ambulance"	<< Use the same instructions given in the first row of this column. >>
(d) "Hospital stay – facility fee (inpatient – overnight stay)"	<< Use the same instructions given in the first row of this column. >>
(e) "Hospital stay – doctor services (inpatient – overnight stay)"	<< Use the same instructions given in the first row of this column. >>
(f) "Day surgery – facility fee (outpatient – no overnight stay)"	<< Use the same instructions given in the first row of this column. >>
(g) "Day surgery – doctor services (outpatient – no overnight stay)"	<< Use the same instructions given in the first row of this column. >>
(h) "Mental health services (inpatient – overnight stay)"	<< Use the same instructions given in the first row of this column. >>
(i) "Mental health services (outpatient – no overnight stay)"	<< Use the same instructions given in the first row of this column. >>
(j) "Alcohol / drug / substance abuse services (inpatient – overnight stay)"	<< Use the same instructions given in the first row of this column. >>

"Type of care"	"Is it covered?"
(k) "Alcohol / drug / substance abuse services (outpatient – no overnight stay)"	<< Use the same instructions given in the first row of this column. >>
(l) "Preventive care (includes regular checkups, and some screenings and vaccines)"	<< Use the same instructions given in the first row of this column. >>
(m) "Primary care (office visit to treat an injury or illness)"	<< Use the same instructions given in the first row of this column. >>
(n) "Specialist care office visit" (Doctors who treat one type of health issue. Examples: cancer, skin issues, allergies, heart issues, or kidney issues.)	<< Use the same instructions given in the first row of this column. >>

"Type of care"	"Is it covered?"
(o) "Drugs ordered by your doctor (outpatient prescription drugs)"	<< Use the same instructions given in the first row of this column. And if the answer is 'yes' and coverage is limited to a formulary, include: >> "View the plan's list of covered drugs:" << Provide a website address to the list of covered drugs or provide information on how to get the list. And if answer is 'no,' but a discount plan is offered, that may be stated but it should not be represented as coverage. >>
(p) "Services for a pregnant woman: prenatal office visits"	<< Use the same instructions given in the first row of this column. >>
(q) "Services for a pregnant woman: delivery – doctor services"	<< Use the same instructions given in the first row of this column. >>
(r) "Services for a pregnant woman: delivery – facility fee"	<< Use the same instructions given in the first row of this column. >>

(10) "You must confirm you read and understand this form:"

"Did you read and understand the limited benefits offered by this plan before you applied or paid for coverage?

☐ Yes, I read and understand the benefits and limits of this plan. I was not required to make a payment or apply for this policy before getting this disclosure form.

Don't sign this document if you don't understand it.
No firme este documento si no lo comprende."

"Type or sign your name:

_____

Date:

_____ "

(11) "Have a complaint or need help?

To check if an agent has a license or to file a complaint, go to the Texas Department of Insurance's website at **www.tdi.texas.gov** or call 1-800-252-3439."

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(12) "Federal notice: This coverage is not required to comply with certain federal market requirements for health insurance, principally those contained in the Affordable Care Act. Be sure to check your policy carefully to make sure you are aware of any exclusions or limitations regarding coverage of preexisting conditions or health benefits (such as hospitalization, emergency services, maternity care, preventive care, prescription drugs, and mental health and substance use disorder services). Your policy might also have lifetime and/or annual dollar limits on health benefits. If this coverage expires or you lose eligibility for this coverage, you might have to wait until an open enrollment period to get other health insurance coverage."