Is a Temporary Insurance Plan Right for You?
Temporary insurance plans provide health coverage from one to six months for individuals or families. The plans are designed to cover emergency and unexpected health issues for a short time period. While they don’t include all the benefits of Affordable Care Act (ACA) plans, they can be a good choice for short-term coverage in between jobs or while you wait for the next ACA Open Enrollment Period.

Differences between Temporary Insurance Plans and ACA

<table>
<thead>
<tr>
<th>Covered Services</th>
<th>Temporary Insurance*</th>
<th>ACA Insurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-existing conditions (See below for more details)</td>
<td>X</td>
<td>✓</td>
</tr>
<tr>
<td>Pediatric dental and vision care</td>
<td>X</td>
<td>✓</td>
</tr>
<tr>
<td>Habilitative services (Those that help people acquire, maintain or improve skills necessary for daily functioning, like physical, occupational and speech therapy.)</td>
<td>X</td>
<td>✓</td>
</tr>
<tr>
<td>Maternity and newborn care</td>
<td>Only if rider is purchased</td>
<td>✓</td>
</tr>
<tr>
<td>Retail prescription drugs</td>
<td>Discounts only²</td>
<td>✓</td>
</tr>
<tr>
<td>Preventive and wellness services and chronic disease management</td>
<td>X</td>
<td>✓</td>
</tr>
<tr>
<td>Ambulatory services (Outpatient hospital)</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>ER services</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Hospitalization</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Mental health and substance use disorder services, including behavioral health treatment</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Laboratory services</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Eligible for member rewards program</td>
<td>X</td>
<td>✓</td>
</tr>
</tbody>
</table>

*Services related to a pre-existing condition may not be covered.

Pre-Existing Conditions
Temporary insurance plans cover medical care for conditions that come up after the plan’s effective date. If you’re treated for an injury, illness or ongoing health condition that you had in the past 24 months before your plan’s start date (also called a pre-existing condition), you’ll pay the full cost of any care that you need. This means, even if you had prior coverage where pre-existing conditions were covered, they won’t be covered with a temporary insurance plan.

For example, if you’re treated for or diagnosed with high blood pressure before your temporary plan starts, medical care related to high blood pressure, such as a heart attack or stroke, will not be covered under the temporary insurance plan. You’ll be responsible for the cost.

Here are some common pre-existing conditions that aren’t covered by temporary insurance plans:

1. Cancer (Oncology)
2. New or abnormal growths (neoplasms)
3. Hypertension (high blood pressure)
4. Diabetes
5. Heart condition
6. Substance dependency
How does it work?
Below are two examples to help explain how pre-existing conditions work with a temporary insurance plan.

Pre-existing Conditions

**YES**
During an exam a patient finds out that their liver function test results were elevated and has never had an issue with this before.

**2019**

**1 JANUARY**
Member purchases a temporary insurance plan with Florida Blue

**17 FEBRUARY**
Patient visits specialist due to liver test results from February.

Will this be covered?

YES This condition was discovered after the temporary insurance plan started and likely will be covered.

Pre-existing Conditions

**NO**
During an exam a patient finds out that their liver function test results were elevated.

**2019**

**1 FEBRUARY**
Member purchases a temporary insurance plan with Florida Blue

**17 OCTOBER**
Patient visits specialist due to liver test results from October.

Will this be covered?

NO This visit is due to pre-existing condition and will likely not be covered under their temporary insurance plan.

---

Health insurance is offered by Blue Cross and Blue Shield of Florida, Inc., DBA Florida Blue, an Independent Licensee of the Blue Cross and Blue Shield Association. Florida Blue does not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation, or health status in the administration of the plan, including enrollment and benefit determinations.

1This policy does not meet the definition of qualifying previous coverage or qualifying coverage as defined in s. 627.6699. As a result, if purchased in lieu of a conversion policy or other group coverage, you may have to meet a pre-existing condition requirement when reviewing or purchasing other coverage. Policies have limitations and exclusions. The amount of benefits provided depends upon the plan selected and the premium may vary with the amount of benefits selected.

2This is a discount prescription drug program. Any amount paid will not apply to the deductible or out-of-pocket maximums under your health plan.