



**BlueCross  
BlueShield**  
of Georgia

# ***Short Term Medical***

***Experience the  
Power of Blue<sup>SM</sup>...  
One Month at a Time\****



*\* Month is defined as 30 days.*

# **No one can predict what's around the corner. Being without health insurance is a risk you just shouldn't take.**

*With Blue Cross Blue Shield of Georgia's (BCBSGa) Short Term Medical coverage, you can plan for an unforeseen illness or medical emergency by purchasing affordable health care coverage in 30-day increments for up to 180 days.*

*So why take the chance? BCBSGa has been Georgia's largest and most experienced health insurance provider for over 67 years. Place your trust in Blue, and our Short Term Medical plan will be there when you need it most.*

BCBSGa's Short Term Medical plan is a perfect solution for individuals who are:

- Between jobs
- Waiting for permanent BCBSGa Individual/Family or employer-sponsored coverage
- Temporary, part-time or seasonal employees
- Dependents no longer covered by their parent's plan

## **Plan Highlights**

Our Short Term Medical plan is flexible—you may purchase coverage from 30 days up to 180 days, in increments of 30 days. You may pay the premiums up front or in 30-day increments. If you need to purchase additional coverage after your initial benefits expire, you may simply reapply for up to 180 additional days.\*

- **Coverage** As early as the next day.
- **Coinsurance** Once your deductible is met, your plan will pay 80 percent of eligible charges. When your out-of-pocket maximum of \$2,000 is met, BCBSGa is responsible for 100 percent of additional eligible charges.
- **Deductible Options** \$500, \$1,000 and \$2,500.
- **Lifetime Maximum of \$5,000,000.**

\* If you choose to reapply for and are approved, you will be assigned a new member ID number. After two consecutive policies there is a one year waiting period required to apply for a third Short Term Medical plan.

## Additional Highlights

- **Extension of benefits** for total disability\*.
- **\$150 copay** per emergency room visit.
- **Prescription** drug coverage.
- **Inpatient** and outpatient care.
- **Freedom to choose** the doctors and hospitals you want.
- If applicant is waiting for permanent BCBSGa Individual/Family Coverage and is approved, any remaining **Short Term Medical premium will be applied to his/her permanent policy.**

## Who is Eligible?

Individuals are eligible for coverage if the following guidelines are met:

- Applicants who are medically eligible
- Applicants are at least 30 days of age or older and are not eligible for Medicare
- Applicants must be Georgia residents

## Enrollment and Payment Options

BCBSGa offers two convenient enrollment options:

- **Mail** - Send your completed application and your first 30-day payment, either by check or credit card information, to:  
Blue Cross Blue Shield of Georgia  
Mail Code: G00302  
3350 Peachtree Rd, NE  
Atlanta, GA 30326
- **Fax** - Application may be faxed to: 404-682-3237, if received by 1PM ET coverage will be effective by 12:01AM ET the following day. (Faxed applications can only be accepted if they contain your valid credit card information.)



### Flexibility –

- **Purchase coverage from 30 days up to 180 days.**
- **Pay the subsequent payments in monthly installments.**
- **Reapply to purchase additional coverage after initial benefits expire for up to 180 additional days.**

\*Total disability is defined as a condition resulting from disease or injury where the member is not able to perform the major duties of his or her occupation and is not able to work for wages or profit.

- **Subsequent Payments** If you select more than 30 days of coverage you are required to select a subsequent payment option. You have the flexibility to either set up a Electronic Funds Transfer (EFT) to automatically deduct from your checking account, or you may pay by credit card.

## **When Does Your Coverage Begin?**

Once BCBSGa receives your properly completed application, with correct initial and subsequent payment information, your coverage will begin at 12:01 AM ET the day after BCBSGa receives your application or on the future effective date you

## **Covered Services**

### **Outpatient Hospital Care**

- Emergency care for injuries
- Medical emergencies
- Pre-admission testing
- Surgery
- Diagnostic services
- Certain therapy services

### **Inpatient Hospital Care**

- Semi-private room and board and intensive care
- Operating and recovery rooms and supplies
- Prescribed drugs, injections and solutions
- Blood
- Miscellaneous services and supplies
- Diagnostic services

### **Physician Care**

- Inpatient medical care
- Physician office visits
- Preventive care for adults and children
- Surgical services
- Surgical assistant (inpatient only)
- Anesthesia services
- Consultation services
- Diagnostic services
- Certain therapy services

### **Other Providers of Care**

- Home health agency – up to 40 visits
- Ambulatory surgical center
- Skilled nursing facility – up to 30 days

### **Other Services and Supplies**

- Prescription drugs
- Prosthetic appliances

## Monthly (30-day) Short Term Medical Plan Rates

Rates Effective as of January 1, 2006:

Age	\$500 Ded 80% Coinsurance Male or Female	\$1000 Ded 80% Coinsurance Male or Female	\$2500 Ded 80% Coinsurance Male or Female
0-19	\$ 81.05	\$ 59.36	\$ 46.80
20-24	84.90	62.18	49.03
25-29	75.01	54.94	43.32
30-34	81.64	59.79	47.15
35-39	94.36	69.11	54.49
40-44	110.20	80.71	63.64
45-49	149.19	109.27	86.16
50-54	178.50	130.73	103.09
55-59	233.38	170.93	134.78
60-64	317.79	232.75	183.52
65+	N/A	N/A	N/A

### Height and Weight Guidelines:

Adult Female Age 18 – 64

Height	Max Weight	Height	Max Weight	Height	Max Weight
4'0"	122	5'0"	196	6'0"	257
4'1"	126	5'1"	199	6'1"	273
4'2"	132	5'2"	202	6'2"	281
4'3"	138	5'3"	207	6'3"	291
4'4"	142	5'4"	211	6'4"	298
4'5"	149	5'5"	215	6'5"	307
4'6"	154	5'6"	219	6'6"	314
4'7"	161	5'7"	229		
4'8"	166	5'8"	235		
4'9"	172	5'9"	241		
4'10"	189	5'10"	246		
4'11"	193	5'11"	252		

### Height and Weight Guidelines:

Adult Male Age 18 – 64

Height	Max Weight	Height	Max Weight	Height	Max Weight
4'6"	158	5'6"	230	6'6"	322
4'7"	165	5'7"	234	6'7"	332
4'8"	170	5'8"	249	6'8"	338
4'9"	177	5'9"	256	6'9"	349
4'10"	182	5'10"	262	6'10"	355
4'11"	189	5'11"	270	6'11"	366
5'0"	195	6'0"	277	7'0"	374
5'1"	202	6'1"	285	7'1"	384
5'2"	215	6'2"	292	7'2"	391
5'3"	218	6'3"	300	7'3"	401
5'4"	222	6'4"	307		
5'5"	226	6'5"	316		

## **Exclusions and Limitations**

### **Pre-existing Conditions**

- Benefits for services to be paid by BCBSGa shall not be available for any illness, injury or other condition for which: medical advice, diagnosis, care, or treatment was recommended or received within the previous five (5) years preceding the effective date of coverage.
- Applicants must meet medical underwriting requirements in order to obtain coverage.

### **Purchasing an Additional Short Term Medical Plan**

#### ***This Short Term Medical plan is not renewable.***

However, if your temporary need continues beyond your policy period, you may apply for a new plan under the following circumstances:

- No claims were incurred under one of your previous Short Term Medical plans
- There has been no significant change in your health

Any previous or current health condition or symptom will be considered a pre-existing medical condition that will not be covered under a new plan. There is no continuous coverage between plans therefore your new plan will not provide benefits for any condition or symptom which began during a previous plan. In addition, no benefits are available for any period in which you are not covered by our Short Term Medical plan.

To obtain an additional plan, you must complete a new application. If we approve the new application, a new plan will be issued. After two consecutive policies, or plans, there is a one year waiting period required to apply for a third Short Term Medical plan.

*This is not your contract. A disclosure of all benefits, exclusions and limitations is included in the contract for this coverage.*

## ***Your Contract does not provide benefits for:***

maternity services • hospice care • organ transplants, except following an accident or injury • care, supplies or equipment not medically necessary, as determined by BCBSGa, for the treatment of an injury or illness • services rendered or supplies provided before coverage begins, i.e., before a member's effective date, or after coverage ends • care for any condition or injury recognized or allowed as a compensable loss through any workers' compensation, occupational disease or similar law • expenses resulting from a declared or undeclared war, or from voluntary participation in a riot or insurrection • shoe inserts, orthotics and orthopedic shoes • preventive care of corns, bunions (except capsular or related surgery), calluses, toe nails, flat feet, fallen arches, weak feet, chronic foot strain or asymptomatic complaints related to the feet • vision care services and supplies • routine physical examinations, screening procedures, and immunizations necessitated by employment, foreign travel or participation in school athletic programs, recreational camps or retreats, which are not called for by known symptoms, illness or Injury except those which may be specifically listed as covered in the contract • some durable medical equipment as listed in the contract • prosthetic devices as listed in the contract • custodial care, domiciliary care rest cures, or travel expenses • services provided by a rest home, a home for the aged, a nursing home or any similar facility • services provided by a skilled nursing facility, except as specifically stated as covered services • care, supplies or equipment not medically necessary for the treatment of injury or illness • cosmetic surgery • complications of non-covered procedures • dental care, treatment and oral surgery • any services or supplies for the treatment of obesity and eating disorders, including but not limited bariatric services, bariatric surgery (e.g. gastric bypass or vertically banded gastroplasty, liposuction, gastric balloons, jejunal bypass and wiring of the jaw.) • any drugs, supplies, treatments, devices or procedures related to sex transformation or reversal thereof, sexual dysfunctions, penile implants or sexual inadequacies • transportation provided by other than a state licensed Professional Ambulance Service, and ambulance service other than in a medical emergency • any expense related to hair loss except when necessitated by disease • treatments, procedures, equipment, drugs, devices or supplies (hereafter called "services") which are, in BCBSGa's judgment experimental or investigational for the diagnosis for which the member is being treated • services rendered by a Provider who is a close relative or member of your household • radial keratotomy and surgery, services or supplies for the surgical correction of nearsightedness and/or astigmatism or any other correction of vision due to a refractive problem • services related to or performed in conjunction with artificial insemination, in-vitro fertilization, reverse sterilization, or combination thereof • biofeedback, recreational, educational or sleep therapy or other forms of self-care or self-help training and any related diagnostic testing • personal comfort items • mental health care or substance abuse treatment • educational services and treatment of behavioral disorders, together with services for remedial education • inpatient rehabilitation in the hospital or hospital-based rehabilitation facility, when the member is medically stable and does not require skilled nursing convalescent care or the constant availability of a physician • injuries received while committing a crime • non-emergency treatment of chronic illnesses received outside the United States performed without pre-certification • preventive care except as specified in this contract • acupuncture and acupuncture therapy • private room, except as specified as covered services • court-ordered services • hypnotherapy • religious, marital and sex counseling • specific non-standard allergy services and supplies • specific medical reports, including those not directly related to treatment of the member • thermograms and thermography



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# ***The Power of Blue<sup>SM</sup>***

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