

What You Pay:	Short Term 5000		Short Term 2500		Short Term 1000	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Deductible</b>						
Individual	\$5,000	\$5,000	\$2,500	\$2,500	\$1,000	\$1,000
Family	\$15,000	\$15,000	\$7,500	\$7,500	\$3,000	\$3,000
<b>Out-of-Pocket Maximum</b>						
Individual	\$7,000	\$14,000	\$4,500	\$9,000	\$3,000	\$6,000
Family	\$21,000	\$42,000	\$13,500	\$27,000	\$9,000	\$18,000
Coinsurance	20%	40%	20%	40%	20%	40%
PCP Visits	Deductible then 20%	Deductible then 40%	Deductible then 20%	Deductible then 40%	Deductible then 20%	Deductible then 40%
Urgent Care	Deductible then 20%	Deductible then 40%	Deductible then 20%	Deductible then 40%	Deductible then 20%	Deductible then 40%
Specialist Visits	Deductible then 20%	Deductible then 40%	Deductible then 20%	Deductible then 40%	Deductible then 20%	Deductible then 40%
Inpatient Hospital	Deductible then 20%	Deductible then 40%	Deductible then 20%	Deductible then 40%	Deductible then 20%	Deductible then 40%
Emergency Room	\$100 Copay, Deductible then 20%	\$100 Copay, Deductible then 20%	\$100 Copay, Deductible then 20%	\$100 Copay, Deductible then 20%	\$100 Copay, Deductible then 20%	\$100 Copay, Deductible then 20%
High Tech Imaging	Deductible then 20%	Deductible then 40%	Deductible then 20%	Deductible then 40%	Deductible then 20%	Deductible then 40%
Routine Preventive Care	20%	Deductible then 40%	20%	Deductible then 40%	20%	Deductible then 40%
Maternity + Newborn Care	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
<b>Prescription Drugs</b>						
Preferred-Care Blue Network	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
<b>Premiums:</b>						
	\$30.43		\$41.74		\$55.00	

Quote for 64730(Bates county)

Quote for 08/01/2019 effective date.

Quote based on the following demographics:

	Gender	Date of Birth
Applicant 1	M	01/01/2007

This comparison is a partial summary of the plans shown. This comparison in no way details all of the plans' benefits, limitations, and exclusions. For more details please refer to the [product brochure](#).

Age - 10-13

### Short Term 500

What You Pay:	In-Network	Out-of-Network
<b>Deductible</b>		
Individual	\$500	\$500
Family	\$1,500	\$1,500
<b>Out-of-Pocket Maximum</b>		
Individual	\$2,500	\$5,000
Family	\$7,500	\$15,000
Coinsurance	20%	40%
PCP Visits	Deductible then 20%	Deductible then 40%
Urgent Care	Deductible then 20%	Deductible then 40%
Specialist Visits	Deductible then 20%	Deductible then 40%
Inpatient Hospital	Deductible then 20%	Deductible then 40%
Emergency Room	\$100 Copay, Deductible then 20%	\$100 Copay, Deductible then 20%
High Tech Imaging	Deductible then 20%	Deductible then 40%
Routine Preventive Care	20%	Deductible then 40%
Maternity + Newborn Care	Not Covered	Not Covered
<b>Prescription Drugs</b>		
Preferred-Care Blue Network	Not Covered	Not Covered
<b>Premiums:</b>		
	\$73.34	

Quote for 64730(Bates county)

Quote for 08/01/2019 effective date.

Quote based on the following demographics:

	Gender	Date of Birth
Applicant 1	M	01/01/2007

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What You Pay:	Short Term 5000		Short Term 2500		Short Term 1000	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Deductible</b>						
Individual	\$5,000	\$5,000	\$2,500	\$2,500	\$1,000	\$1,000
Family	\$15,000	\$15,000	\$7,500	\$7,500	\$3,000	\$3,000
<b>Out-of-Pocket Maximum</b>						
Individual	\$7,000	\$14,000	\$4,500	\$9,000	\$3,000	\$6,000
Family	\$21,000	\$42,000	\$13,500	\$27,000	\$9,000	\$18,000
Coinsurance	20%	40%	20%	40%	20%	40%
PCP Visits	Deductible then 20%	Deductible then 40%	Deductible then 20%	Deductible then 40%	Deductible then 20%	Deductible then 40%
Urgent Care	Deductible then 20%	Deductible then 40%	Deductible then 20%	Deductible then 40%	Deductible then 20%	Deductible then 40%
Specialist Visits	Deductible then 20%	Deductible then 40%	Deductible then 20%	Deductible then 40%	Deductible then 20%	Deductible then 40%
Inpatient Hospital	Deductible then 20%	Deductible then 40%	Deductible then 20%	Deductible then 40%	Deductible then 20%	Deductible then 40%
Emergency Room	\$100 Copay, Deductible then 20%	\$100 Copay, Deductible then 20%	\$100 Copay, Deductible then 20%	\$100 Copay, Deductible then 20%	\$100 Copay, Deductible then 20%	\$100 Copay, Deductible then 20%
High Tech Imaging	Deductible then 20%	Deductible then 40%	Deductible then 20%	Deductible then 40%	Deductible then 20%	Deductible then 40%
Routine Preventive Care	20%	Deductible then 40%	20%	Deductible then 40%	20%	Deductible then 40%
Maternity + Newborn Care	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
<b>Prescription Drugs</b>						
Preferred-Care Blue Network	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
<b>Premiums:</b>						
	\$40.44		\$55.49		\$73.11	

Quote for 64730(Bates county)

Quote for 08/01/2019 effective date.

Quote based on the following demographics:

	Gender	Date of Birth
Applicant 1	M	01/01/2004

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Age 14-19

### Short Term 500

What You Pay:	In-Network	Out-of-Network
<b>Deductible</b>		
Individual	\$500	\$500
Family	\$1,500	\$1,500
<b>Out-of-Pocket Maximum</b>		
Individual	\$2,500	\$5,000
Family	\$7,500	\$15,000
Coinsurance	20%	40%
PCP Visits	Deductible then 20%	Deductible then 40%
Urgent Care	Deductible then 20%	Deductible then 40%
Specialist Visits	Deductible then 20%	Deductible then 40%
Inpatient Hospital	Deductible then 20%	Deductible then 40%
Emergency Room	\$100 Copay, Deductible then 20%	\$100 Copay, Deductible then 20%
High Tech Imaging	Deductible then 20%	Deductible then 40%
Routine Preventive Care	20%	Deductible then 40%
Maternity + Newborn Care	Not Covered	Not Covered
<b>Prescription Drugs</b>		
Preferred-Care Blue Network	Not Covered	Not Covered
<b>Premiums:</b>		
	\$97.48	

Quote for 64730(Bates county)

Quote for 08/01/2019 effective date.

Quote based on the following demographics:

	Gender	Date of Birth
Applicant 1	M	01/01/2004

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For more details please refer to the [product brochure](#).