

SHORT-TERM LIMITED DURATION HEALTH PLAN

A Short-Term Limited Duration (STLD) Plan is a type of health plan that provides coverage for only certain specified health care services or treatments or provides coverage for health care services or treatments for certain conditions during a specified period.



Features:

- ◆ Lifetime maximum limit
- ◆ Limited number of visits
- ◆ Medically underwritten
- ◆ No coverage for preexisting conditions
- ◆ No mental health/substance abuse coverage
- ◆ No therapy, rehabilitative or habilitative services
- ◆ No prescription drug coverage
- ◆ May not offer policy renewal
- ◆ No preventative coverage
- ◆ No maternity coverage
- ◆ Membership dues to join association

If you have questions or concerns,
please contact:
WV Insurance Commissioner's
Consumer Services Division
1-888-879-9842

QUALIFIED HEALTH PLAN

A Qualified Health Plan (QHP) is a health insurance policy that is certified by the state of West Virginia to meet the minimum standards in the Patient Protection and Affordable Care Act.



Features:

- ◆ Unlimited lifetime benefits
- ◆ No preexisting condition exclusion
- ◆ 100% preventive care coverage
- ◆ Hospital, medical/surgical expense coverage
- ◆ Emergency Services coverage
- ◆ Mental Health/Substance Abuse coverage
- ◆ Rehabilitative and Habilitative Therapy coverage
- ◆ Prescription Coverage
- ◆ Guaranteed renewable



@wv_oic



Facebook.com/wvoic

900 Pennsylvania Avenue
Charleston, WV 25302
www.wvinsurance.gov

QUALIFIED HEALTH PLAN

VERSUS

SHORT-TERM PLAN

Which Health Insurance is right for me?



STATE OF WEST VIRGINIA
Offices of the Insurance
Commissioner

Prescription Administration Surgery PRIMARY PPO DRUGS HOSPITAL
MEDICAL Health Insurance CHIROPRACTIC PRIMARY Injury
DOCTORS Appointment Coverage PATIENTS Surgical HEALTH Specialists
CLINIC Preventative Coverage PHARMACEUTICAL EMERGENCY OFFICE

QUESTIONS TO ASK WHEN PURCHASING HEALTH INSURANCE

	Affordable Care Act (QHP) Health Insurance Plans	Short-Term Health Insurance*
Can I get insurance even if I have a preexisting condition ?	✓	✗ May exclude your preexisting conditions or deny your application outright because of them.
Is there mandatory coverage of Essential Health Benefits (EHBs) like...		
Outpatient Care	✓	✗ Not required to cover EHBs.
Emergency Services	✓	✗
Hospitalization	✓	✗
Maternity and Newborn Care	✓	✗
Mental Health & Substance Abuse Disorders	✓	✗
Prescription Drugs	✓	✗
Rehabilitative/Habilitative Therapies	✓	✗
Laboratory Services	✓	✗
Preventive and Wellness	✓	✗
Pediatric Dental and Vision	✓	✗
Are prescription drug benefits required ?	✓	✗ Not required to cover prescription drugs.
Is the insurance company prohibited from setting an annual or lifetime limit on the amount they will pay?	✓	✗ Can set lifetime and annual dollar limits to the amount they pay.
Is there an out-of-pocket maximum for my deductible, co-insurance and copay?	✓	✗ Does not have out-of-pocket limits for you
Are preventive services required to be covered at no cost to me?	✓	✗ Not required to cover preventive services. You can be charged for preventive services.
Is there an internal appeals and external review process if I want to dispute a claim?	✓	✗ Not required to provide an appeals process
Is there a limit on administrative expenses, including profits?	✓ Insurance companies must spend at least 80% of your premium dollars on medical expenses.	✗ No constraints on how they use premium dollars.

* Short-Term Health Insurance Plans are also known as Short-Term, Limited-Duration Insurance.