

# Epic Short-Term Health Insurance Plans

Available in the states of Alabama, Arkansas, Arizona, Florida, Georgia, Idaho, Illinois, Indiana, Kansas, Kentucky, Louisiana, Michigan, Mississippi, Montana, Nebraska, Nevada, North Carolina, North Dakota, Ohio, Oklahoma, South Carolina, Tennessee, Texas, Virginia, West Virginia, Wisconsin

Underwritten By:



The North River Insurance Company

## Epic Short-Term Key Features



Preventive health exams (after 3 months of coverage)



Child immunizations paid at 100%



Preventive wellness coverage for the whole family including prostate and colon cancer screening, mammograms and OB-GYN annual exams



Optional Supplemental Accident benefits providing 100% coverage for medical expenses related to accidental injury



Optional prescription drug benefits on plans (including contraceptives)

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## Epic Short-Term Insurance Benefits

This is a brief overview of benefits available. For a comprehensive list of benefits, please reference the brochure. Epic PPO plans are not available in Georgia, Illinois, Michigan, Montana, North Carolina, North Dakota, Texas and Virginia.

Network	Epic PPO	Epic PPO	Epic Base
	Cigna	Out-of-network	All Provider Access
<b>Deductibles</b>	\$5,000, \$8,000, \$10,000	\$6,600, \$10,600, \$13,300	\$5,000, \$10,000, \$15,000, \$20,000
<b>Coinsurance (Percentage you pay)</b>	0%	25%	0%
<b>Out-of-Pocket Maximum</b>	Satisfied after the deductible is met	No out-of-pocket maximum	Satisfied after the deductible is met
<b>Preventive Examination</b>	3 month wait, 1 primary care visit and services covered at 100% up to \$100 per covered person during coverage period	3 month wait, 1 primary care visit and services covered at 75% up to \$75 per covered person during coverage period	3 month wait, 1 primary care visit and services covered at 100% up to \$100 per covered person during coverage period
<b>Prescription Drugs (Optional benefit)</b>	Generic copay \$5 Preferred copay \$35 Non-preferred copay \$70	Out-of-network coinsurance applies	Generic copay \$5 Preferred copay \$35 Non-preferred copay \$70
<b>Supplemental Accident (Optional benefit)</b>	\$5,000 or \$10,000 per individual	\$5,000 or \$10,000 per individual	\$5,000 or \$10,000 per individual
<b>Traveling in A Foreign Country (Emergency treatment)</b>	Out-of-network deductible and coinsurance	Out-of-network deductible and coinsurance	Not covered

The purpose of this communication is only for agent training and education and is not to be disseminated to a member or the prospective applicant.