



Call your AIP rep - 800-452-5772	Summary of Short Term Benefits This is only a brief description of the benefits available. Full benefits and details are contained in the individual brochure.	Short-Term Medical Insurance-Limited Duration Plans			Dental & Vision Plans
		Companion Life Insurance Company	Lloyd's of London-Peterson's Underwriters	National General Accident & Health	Ameritas Life Insurance
email questions to: office@aipi.us		Brochure	Brochure	Brochure	Brochure
	Maximum Benefit Per Injury or Illness	your choice-\$100,000 to \$1,000,000	\$1,000,000	your choice-\$250,000 to \$1,000,000	options to \$2000 calendar year
	Deductible	your choice-\$1,000 to \$10,000	your choice-\$100 to \$10,000	your choice-\$1,000 to \$25,000	\$50
	State Availability	AR,AZ,DE,GA,IA,IL,IN,KS,KY,LA,MI,MO,	AZ, CA, GA, IL, LA, MN, OK, TX, VA	CO, ID, KS, ME, MO, MT, NC, ND, NM,	all 50 states
	State Availability (continued)	MT,MS,NC,NE,NM,NV,OH,OK,PA,SC,SD,		NV, OR, SC, UT	
	State Availability (continued)	TN,TX,VA,WI,WV,WY			
	Length of Coverage (policy term)	90 days; up to 4 back-to-back terms	90 days to 11 months	30 days to 3 months; up to 4 terms	Month to Month, no limit
	Earliest Date for Coverage Effective	date following application and payment	date following application and payment	date following application and payment	day following application and payment
	Preferred Provider Network	none-use the provider you choose	First Health (www.firsthealth.com)	Aetna Open Choice	Ameritas Dental Network
	Co-Insurance (Your Responsibility)	your choice-20% or 30%	0% after Deductible	your choice-0%; 10%; 20%; or 50%	based on Plan selected
	Out-of-Pocket Expense Limit	your choice-\$3,000 to \$10,000	none (100% paid after Deductible when using First Health Network)	your choice-\$0 to \$3,750	Not Applicable
	Physician Co-Pays	your choice	none	none	
	Physician Visits	covered	covered	covered	
	Pharmacy Benefit	your choice	up to \$500 per condition	no coverage outpatient	
	Hospitalization	covered	covered	covered	
	Surgery	covered	covered	covered	
	Emergency Room	covered (additional Deductible applies per visit)	covered	covered	
	Diagnostic	covered	covered	covered	
	Ambulance	covered	covered	covered	
	Intercollegiate Sports	no coverage	no coverage	no coverage	
	Maternity	no coverage	no coverage	no coverage	
	Pre-Existing Conditions	no coverage, but pre-existing "carry over" for conditions occurring while insured through initial application period (up to 4 terms)	no coverage, but pre-existing "carry over" for conditions occurring while insured through initial application period (up to 11 months)	no coverage, but pre-existing "carry over" for conditions occurring while insured through initial application period (up to 4 terms)	
	Child Only Coverage Available	yes	yes	yes	
	Exclusions	read brochure carefully	read brochure carefully	read brochure carefully	view benefit description
	Renewability	Purchase up to 360 days at initial enrollment-Deductible and Out-of-Pocket Expense re-apply each 90 day term	Purchase up to 11 months at initial enrollment-Deductible and Pre-Existing condition limit applies each re-enrollment period	Purchase up to 360 days at initial enrollment-Deductible and Out-of-Pocket Expense re-apply each 90 day term	Renewable month to month to age 65
Average Premium Information Below For All Plans Average Monthly Premium for an Individual 20 Years Old (premium based on zip code and birthdate)					
	Male to age 65	from \$110/month to \$43/month depending upon Deductible, Co-Insurance, Out-of-Pocket Expense, and Maximum Benefit you select	from \$230/month to \$99/month depending upon Deductible you select	from \$236/month to \$56/month depending upon the Deductible, Co-Insurance, Out-of-Pocket Expense, and Maximum Benefit you select	\$36
	Female to age 65	from \$185/month to \$52/month depending upon Deductible, Co-Insurance, Out-of-Pocket, and Maximum Benefit you select	from \$230/month to \$99/month depending upon Deductible you select	from \$243/month to \$60/month depending upon the Deductible, Co-Insurance, Out-of-Pocket Expense, and Maximum Benefit you select	\$36
	Get Your Personalized Quote By Clicking the Quick Quote Button to the Right				
Groups - Click the Custom Quote Button or email office@aipi.us					