

Sage STM

Sage STM is available to members of the Med-Sense Guaranteed Association. Sage STM provides affordable, temporary health insurance tailored to fit any lifestyle and budget.



Association Membership



Underwritten by



Billing and Customer Service



Product Details

Deductible Options	\$250, \$500, \$1,000, \$2,500, \$5,000, or \$7,500
Coinsurance Options	80% /20% or 50%/50% up to \$5,000
Coverage Period Maximum	\$750,000
Length of Coverage	6 months or 364 days
Network	MultiPlan Complementary Network
Coverage Effective Date	Next day coverage; later effective date available, but not to exceed 60 days from date of transmission
Eligibility	18 - 64 Child only coverage available for ages 2-18
Waiting Period	5 days for sickness 30 days for cancer
State Availabiliy	Up to 6 months in the following state: IN, AZ Up to 12 months (364 days) in the following states: AL, DC, DE, FL, GA, IA, IL, KY, MS, NE, OK, OH, PA, TN, TX, VA, WI, WV, WY

Covered Medical Expenses

The following Covered Medical Expenses are for the Insured and each of their Covered Dependents; benefits are subject to the plan Deductible, Coinsurance Percentage, Coinsurance Maximum, and up to \$750,000 per covered person per coverage period. Benefits are limited to the Usual, Reasonable and Customary charge for each Covered Expense, in addition to any specific limits stated in the policy.

- Doctor's Office and Urgent Care Center - \$50 co-payment for the first 4 visits, not subject to the deductible. Visits in excess of the maximum of 4 will be subject ot Deductible and Coinsurance. Maximum of \$1,000 per Coverage Period.
- Covered Persons will only be entitled to receive benefits for Sickness that begins, by occurrence of symptoms, at least 5 days following the Covered Person's Effective Date of coverage under the policy. There is a 30 day waiting period for Cancer bene- fits that begin, by occurrence of symptoms or treatment, at least 30 days following the effective date.
- Hospital Room and Board paid at the average Semi-private room rate, not to exceed \$1,000 per day and including nursing services and all misc. expenses
- Intensive Care Unit usual and customary charges, not to exceed \$1,250 per day including all miscellaneous expenses.
- Extended Care Facility up to \$150 per day for a maximum of 60 days
- Surgeon Services usual and customary charges, not to exceed \$2,500 per surgery and \$5,000 per Coverage Period
- Physical Therapy maximum benefit \$50 per visit per day
- Outpatient and Inpatient Treatment for Mental and Nervous Disorders
- Home Health Care Maximum of 40 visits per Coverage Period
- Outpatient Surgical Facility charges usual and customary, not to exceed \$1,000 per day
- Outpatient Emergency Room usual and customary charges, not to exceed \$500 per day
- Ambulance Transportation maximum benefit \$250 per trip when related to a covered injury or a covered sickness which results in hospitalization as inpatient
- Assistant Surgeon services up to 20% of the usual and customary charge of surgeons benefit
- Outpatient Miscellaneous usual and customary charges, not to exceed \$1,000 per Coverage Period for all Covered Expenses
- Miscellaneous medical charges include: X-rays, scans, laboratory, blood, therapy, oxygen, casts, splints, medicines, injec- tions, chemotherapy, and medical supplies

Note: This is a partial list of plan benefits, which may vary by state.

Medical Expenses Not Covered

Charges for the following treatments, services, supplies and conditions are excluded from coverage. This is not a complete list of the Limitations and Exclusions, and they may vary by state. Please see the Policy/Certificate of Insurance for detailed information about these and other Plan Limitations and Exclusions.

- Not medically necessary, except as specifically defined in the policy
- Payable by Medicare or Workers' Compensation coverage
- Payable under any automobile insurance
- Declared or undeclared war, participation in a riot, illegal act or occupation, or an attempted felony or assault
- Routine prenatal care, pregnancy, child birth, and post natal care, except for Complications of Pregnancy
- Maternity and new born treatment prior to hospital discharge
- Infertility or sterilization treatments or procedures
- Learning disorders, attention deficit disorder or hyperactivity, or autism
- Alcoholism or abuse, drug addiction or abuse
- Dental or orthodontia care, eye exams or glasses, hearing aids, or sleeping disorder
- Organ or Tissue Transplants or related services
- Outpatient Prescription or Legend Drugs, or any over the counter medications or vitamins
- Experimental or investigational services
- Transplant services to the transplant donor
- Foot conditions, acne, varicose veins, or treatment of obesity
- Skydiving, scuba diving, hang or ultra light gliding, all-terrain vehicle, dirt bike, snowmobile, go-cart, boat, or aircraft
- Any sports for pay or profit or participation in rodeo contests
- Any Interscholastic or Intercollegiate Organized Competitive Sports
- Certain surgeries during the first 6 months
- Acquired Immune Deficiency Syndrome (AIDS)
- Injury or Sickness arising out of and in the course of any occupation for compensation, wage or profit

This is a partial list of exclusions and limitations. Please see the certificate for detailed information about these and other policy exclusions and limitations. Benefits, provisions, limitations, and exclusions may vary by state.

Reapply Rules

All available states: Must have a two-day break before you can reapply

This type of plan is NOT considered "minimum essential coverage" under the Affordable Care Act, commonly known as "Obamacare", so you may be subject to a tax penalty.