



Companies offering limited medical benefit plans

A number of insurers offer limited benefit medical insurance. A few are highlighted below. The benefits provided by such plans vary widely. In general, they set daily or annual limits on how much will be paid for such services as hospital care, surgery, drugs and doctor office visits.

Some, but not all, have annual deductibles that must be met before any care is covered. Others have office visit co-payments, say \$15 to \$20. Some plans have both. Employers can work with insurers to tailor an offering or select an off-the-shelf standard plan.

	Aetna	Century health care	Cigna Star HRG	Essential Care, BCS¹	AmWINS Group Benefits division
Benefits	Plans offered pay from \$2,000 to \$20,000 a year toward medical care. The \$2,000 plan mainly covers hospital care and limits emergency room payments \$1,000. An additional \$400 would be paid for diagnostic tests and \$200 for prescription drugs. Five doctor visits are covered. The \$20,000 plan limits outpatient care to \$2,000 annually. No daily cap on hospital room costs, but \$2,000 limit on hospital services, such as X-rays, drugs and surgical supplies.	The company does not set annual payout caps, but policies do limit payments for individual services: Depending on policy chosen, insurer pays from \$20 to \$125 per doctor visit; \$20 to \$1,000 per test; \$100 to \$5,000 a day in hospital; \$500 to \$5,000 per in-hospital surgery; \$50 to \$500 per emergency room visit.	Coverage ranges from \$25,000 to \$100,000 a year. Hospital payments subject to a per day maximum of \$750 a day, or in the intensive care unit, \$2,000 a day. Copay is \$25 to see a doctor. Some plans limit doctor visits to 5 annually for adults or 7 per child.	Plans vary, but generally range in coverage from \$2,500 to \$10,000 per year. No limit on daily maximum payment for in-hospital care, although patient pays 70% co-insurance for hospitalization. There are annual limits below the year's total for outpatient care: A \$5,000 annual limit plan, for example, allows up to \$1,250 in outpatient care each year, which includes doctor visits, emergency care, drugs and tests. The remaining \$3,750 for in-hospital care.	Plans limit benefit to a dollar amount ranging from \$10,000 to \$30,000, without separate limits on hospital and outpatient care. After reaching the annual maximum, payment stop until patients' medical bills reach a pre-set amount, ranging from \$25,000 to \$100,00, when insurance payments then resume.
Number of policyholders	200,000	67,000	200,000	67,000	NA
Offered in how many states?	46	50	50	42	38

1 -- subsidiary of Blue Cross Blue Shield of South Carolina Source: USA TODAY research