






# Short Term Medical

Short term, limited-duration insurance.\*

## Insurance Benefits Highlights

-  Includes doctor visit copays\*\*
-  Prescription coverage\*\*
-  Up to \$1 million of maximum coverage

## Extra Non-Insurance Benefits

-  Access to telemedicine 24/7
-  Discounts and lifestyle benefits

Short term medical insurance (Policy Form No. STMP5000) is underwritten by Companion Life Insurance Co. Non-insurance association membership benefits are provided by Communicating for America, LLC. THIS IS NOT QUALIFYING HEALTH COVERAGE ("MINIMUM ESSENTIAL COVERAGE") THAT SATISFIES THE HEALTH COVERAGE REQUIREMENT OF THE AFFORDABLE CARE ACT. IF YOU DON'T HAVE MINIMUM ESSENTIAL COVERAGE, YOU MAY OWE AN ADDITIONAL PAYMENT WITH YOUR TAXES.

\* Plans sold January 1, 2017 or later are limited to a 90-day term or four 90-day certificates of insurance sold at one time. Coverage duration varies by state.

\*\*Not available on all plans. Limitations apply.



## Short term medical may be an option for those who are:

<b>Individuals and families</b> who missed the open enrollment period	<b>Unemployed</b> temporarily	<b>Looking</b> for COBRA alternative
<b>Adult children</b> losing coverage from parent's plan	<b>Recent graduates</b> who do not have coverage under parent's plan	<b>Employees</b> without group insurance coverage
<b>Waiting</b> for employer benefits to start	<b>Uninsured</b> due to life circumstances	<b>Not eligible</b> to apply for coverage on the marketplace during Special Enrollment

## How Long Can a Short Term Medical Plan Cover Me?

**The Length of Coverage.** Current federal regulations limit short term medical plans to 90 days under one certificate of insurance. However, Pivot Health offers you the convenient opportunity to apply for up to four back-to-back certificates at one time. You do not have to qualify again for the three additional certificates, and you can cancel at any time.

**How It Works.** If you decide to enroll in back-to-back coverage terms, a new certificate of additional coverage will follow each 90-day coverage period. Each certificate will have an effective date that starts the day after your previous coverage expires.

Shortly before the expiration of coverage of your active coverage, you will be notified of a new coverage ID card in your online member portal which you can print and use for the following period.

**The Advantage of Back-to-Back Policies.** While your deductible and any out-of-pocket responsibilities start over with each subsequent coverage certificate, any medical conditions that arise and that were covered by your initial Pivot Health plan will be covered under your subsequent new certificates, subject to plan limitations. There are no medical questions to qualify or new waiting periods after your initial enrollment.

**Need.** Life can throw you curveballs, from sudden job loss to a reduction in health insurance benefits. But unexpected sickness and injury don't hold off while you are uninsured.

**Options.** Short term medical provides a limited duration medical insurance solution until a qualified major medical health plan is chosen, helping reduce your financial risk. It allows you to **pivot** to meet your life's needs.

**Features.** Short term medical has many features you expect and more! It includes hospitalization and professional health services after deductibles, copays, and coinsurance. You can enroll for as little as 1 month, and your benefit coverage can pay up to \$1,000,000 during the covered time period. There are no doctor or hospital network restrictions, so you have the freedom to choose where to receive care.

## Important Plan Features

Up to \$1,000,000 in benefits per coverage period

Deductible options of \$1,000, \$1,500, \$2,000, \$2,500, \$3,000, \$5,000, \$7,500 and \$10,000

20%-30% coinsurance options

Freedom to choose any doctor or hospital – no networks

On select plans, separate \$500 prescription drug deductible, plus generic and brand prescription copay options

On select plans, \$30 primary physician copay, \$60 Urgent Care and specialty physician copay benefits

Maximum out-of-pocket as low as \$3,000 per person, per coverage period on select plans

Child-only coverage available

Ovarian cancer screen and one annual pap smear per year, per covered female age 18 and over

Extra non-insurance savings\*\* which include:

- \$49 doctor consultations 24/7
- 15-30% off eye exams, lenses, frames and contacts
- Up to 70% savings on prescription drugs at more than 66,000 pharmacies nationwide

\*\*Not associated with Companion Life insurance Company insurance coverages.



1

Provide the **birthdate and gender** for each person you wish to insure.

2

Pick your payment option. You can select a **monthly** option or save money and select pre-pay for the entire length of your coverage.

3

Select your **coverage duration**. In many cases you can get coverage within 24 hours or you can plan ahead and select your coverage start date in the future. However, if you choose a later effective date it must not exceed 60 days from the date of your first application. All coverage is subject to approval of your application and payment of your first premium.

Then ...

**Review the plan deductible.** Deductibles range from \$1,000, \$2,500 or \$5,000 for a Deluxe plan, \$2,000, \$3,000 or \$5,000 for a Standard plan, \$1,000, \$2,000, \$5,000 or \$10,000 for a Choice plan, and \$3,000, \$5,000, \$7,500 or \$10,000 for an Economy plan. A family out-of-pocket limit is three times the individual out-of-pocket limit.

**Understand coinsurance.** Coinsurance is the percentage of covered expenses you are responsible for after your deductible is met. Pivot Health plans have 20% or 30% coinsurance options. For example, once you meet your deductible, your insurance pays 80% and you pay 20% of your covered medical bills up to your out-of-pocket limit. Out-of-pocket limits vary by plan, and not all benefits are subject to coinsurance. Review your insurance certificate for further details.



	ECONOMY	CHOICE	STANDARD	DELUXE
Deductible	\$3,000, \$5,000, \$7,500 or \$10,000	\$1,000, \$2,000, \$5,000, or \$10,000	\$2,000, \$3,000 or \$5,000	\$1,000, \$2,500 or \$5,000
Coinsurance	20% or 30%	20% or 30%	20%	20%
Maximum Out-of-Pocket †	\$10,000	\$10,000	\$5,000	\$3,000
Coverage Period Max Benefit	\$100,000 or \$500,000	\$100,000, \$250,000 or \$1,000,000	\$250,000 or \$500,000	\$500,000 or \$1,000,000
Prescription Drugs	Discount only	Discount only	After \$500 Rx deductible, generic copay \$10, preferred \$50, non-preferred brand \$75. No specialty drugs.	Generics copay \$10. After \$500 Rx deductible (does not apply to generics), preferred \$50, non-preferred brand \$75. No specialty drugs.
Primary Doctor Office Visit*	Subject to deductible and coinsurance	\$30 primary doctor copay	Subject to deductible and coinsurance	\$30 primary doctor copay
Specialty Doctor Office Visit*	Subject to deductible and coinsurance	\$60 Urgent Care and specialty physician copay	Subject to deductible and coinsurance	\$60 Urgent Care and specialty physician copay
Additional Emergency Room Deductible**	\$450 plus medical deductible & coinsurance	\$250 plus medical deductible & coinsurance	\$350 plus medical deductible & coinsurance	\$250 plus medical deductible & coinsurance
Additional Outpatient Surgical Facility Deductible***	\$500 plus medical deductible and coinsurance	Medical deductible and coinsurance	Medical deductible and coinsurance	Medical deductible and coinsurance
Additional Inpatient Admission Deductible	\$750 plus deductible & coinsurance	\$0 plus deductible & coinsurance	\$500 plus deductible & coinsurance	\$0 plus deductible & coinsurance
Ground Ambulance	Up to \$1,000 per coverage period			
Air Ambulance	Up to \$2,500 per coverage period			
Home Health Care	Maximum of 40 days			
Hospice	\$2,000 per coverage period			
Skilled Nursing	Maximum of 60 days			
Extended Care	Maximum of 60 days			
Athletic Injury	Same as any other illness/accident			
Physical Therapy	\$50 per visit; 20 visit max			
Mental Illness	Outpatient: \$50 per visit; 10 visit max; inpatient: \$100 per day, 31 day max			
Out-of-Network Coverage	Yes			

## Benefit Rules & Limitations

\*Primary Physician, Specialist & Urgent Care Office Visit Copay: Limited to 3 visits per coverage period. Additional services and tests subject to deductible and coinsurance. \*\*Emergency Room Deductible: An additional deductible is payable if not admitted to the hospital, in addition to the standard deductible and coinsurance apply. \*\*\*Outpatient Surgical Facility Deductible: an additional deductible applied to the facility bill. See Plan Details for additional limitations and exclusions.

† Family out-of-pocket limit is three times the individual maximum.

For the first policy, pre-existing conditions diagnosed within the sixty-month period immediately preceding such covered person's effective date are excluded for the first 12 months of coverage. (This exclusion does not apply to a newborn or newly adopted child who is added to coverage under this certificate.) For policies two, three and four, refer to the policy for the pre-existing condition exclusion.

**Emergency pre-certification:** In the event of an emergency hospital admission, pre-certification must be made within 48 hours after the admission, or as soon as is reasonably possible.

**Waiting Period:** Covered Persons will only be entitled to receive benefits for Sicknesses that begin, by occurrence of symptoms and/ or receipt of treatment, at least 5 days following the Covered Person's Effective Date of coverage under the policy. Covered Persons will only be entitled to receive benefits for Cancer that begins, by occurrence of symptoms or receipt of treatment at least 30 days following the Covered Person's Effective Date of coverage under the policy.

For Pivot Health Economy plan, outpatient prescription drugs, medications, vitamins, and supplements including pre-natal vitamins, or any over-the-counter medicines, whether or not ordered by a doctor.

Routine pre-natal care, pregnancy, childbirth, and post natal care. (This exclusion does not apply to "Complications of Pregnancy").

Weight modification or surgical treatment of obesity.

Injuries resulting from participation in any form of skydiving, scuba diving, auto racing, bungee jumping, hang or ultra light gliding, parasailing, sail planing, flying in an aircraft (other than as a passenger on a commercial airline), rodeo contests or as a result of participating in any professional, semi-professional or other non-recreational sports including boating, motorcycling, skiing, riding all-terrain vehicles or dirt-bikes, snowmobiling or go-carting.

Modifications of the physical body in order to improve the psychological, mental or emotional wellbeing, such as sex-change surgery.

Surgeries, treatments, services or supplies for cosmetic or aesthetic reasons, except for reconstructive surgery, which is expressly covered under this certificate.

Any drug, treatment or procedure including but not limited to: artificial insemination, treatment for infertility or impotency, sterilization or reversal of sterilization.

Any drug, treatment or procedure that either promotes, enhances or corrects impotency or sexual dysfunction.

Abortions, except in connection with covered complications of Pregnancy or if the life of the expectant mother would be at risk.

Dental treatment, except for dental treatment that is expressly covered under this certificate.

Eye surgery when the primary purpose is to correct nearsightedness, farsightedness or astigmatism.

Treatment for cataracts.

Injury resulting from being under the influence of or due wholly or partly to the effects of alcohol or drugs, other than drugs taken in accordance with treatment prescribed by a doctor

Willfully self-inflicted injury or sickness.

Venereal disease, including all sexually transmitted diseases and conditions.

Immunizations and routine physical exams.

Care, treatment or supplies for the feet

Care and treatment for hair loss

Treatment of sleep disorders.

Organ or tissue transplants or related services.

Treatment for acne, moles, skin tags and other specific conditions of the skin and skin diseases.

Services received or supplies purchased outside the United States, its territories or possessions, or Canada.

Treatment for or related to any congenital condition, except as it relates to a newborn or adopted child added as a covered person to this certificate.

Chiropractic adjustments.

Expenses during the first 6 months after the effective date of coverage for a covered person for the following (subject to all other coverage provisions, including but not limited to the pre-existing condition exclusion):

- *Total or partial hysterectomy, unless it is medically necessary due to a diagnosis of carcinoma;*
- *Tonsillectomy;*
- *Adenoidectomy;*
- *Myringotomy;*
- *Tympanotomy;*
- *Repair of deviated nasal septum or any type of surgery involving the sinus;*
- *Herniorraphy;*
- *Cholecystectomy.*

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.





### Free Look Period

If you are not 100% satisfied with your Companion Life insurance plan, provide a written request for cancellation to Companion Life within 10 days of receipt. Certificate of coverage will be cancelled as of the effective date and your premium will be returned.

### Eligibility

Companion Life is made available to members of Communicating for America and their spouses who are between 18 and 64 years old, and their dependent children and can answer “No” to all of the questions in the application for insurance. Membership is not required in the states of: ID, KS, NH and SD.

### Termination of Coverage

Companion Life insurance will automatically terminate on the earliest of the following dates: The expiration date of your coverage; the date the group policy terminates; the date the insurance under the group policy is discontinued; the due date of a premium payment, if it is not paid by the end of the

31 day grace period; Covered Person’s dependent’s coverage ends when Covered Person’s coverage terminates or the dependent ceases to be eligible; the date Covered Person enters full-time active duty in the armed forces of any country or international organization; or the date we determine fraudulent statements or material misrepresentation have been made by the Covered Person or with Covered Person’s knowledge in filing a claim for benefits.

### Benefits

Benefits are limited to the usual, reasonable and customary charge for each covered expense, in addition to any specific limits stated in the certificate.

### About Companion Life Insurance Co.

Companion Life Insurance Company of Columbia, S.C. has specialized in insurance benefits for more than 40 years.

#### About Communicating for America

Individuals who purchase a Companion Life insurance policy in specific states become members of Communicating for America, Inc. (CA), a non-profit, 501(c)(6) association that promotes the betterment of general health and welfare for all Americans, particularly those who are self-employed or own a small business. Non-insurance benefits included with each Companion Life short term medical policy are administered by CA.