Underwritten by Companion Life

Marketed by PIVOT HEALTH

Core Short-Term Medical Insurance

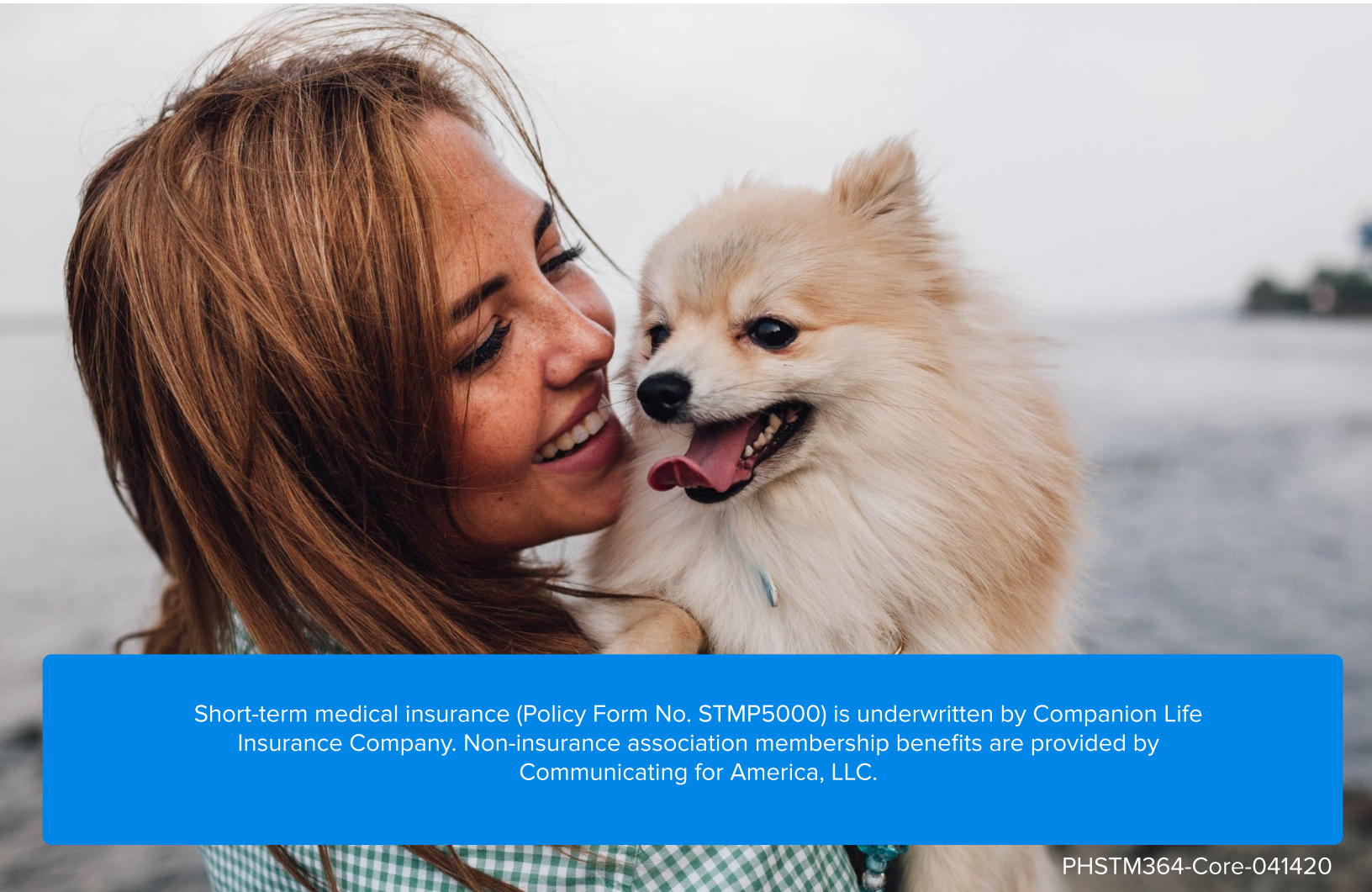
Also Referred to as Short-Term Limited-Duration Insurance or Short-Term Health Insurance

Insurance Benefits Highlights

- ✓ Flexible deductibles
- ✓ Includes doctor visit copays
- ✓ Prescription 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 Company. Non-insurance association membership benefits are provided by Communicating for America, LLC.

Health insurance for individuals who dislike high deductible plans

If you are a healthy adult and don't want to spend a lot of money buying coverage but want protection - just in case - Pivot Health's Core short-term health insurance plans could be the right fit for you. These plans help cover every day medical expenses like doctor office visits and optionally, prescription drug costs, but have more limited coverage for major services like hospital stays and surgeries. This helps you tailor health coverage to just what you need and not spend money on services you might not use.

With a Core short-term health insurance plan, you have access to First Health®, a large PPO network, allowing you to see doctors across the nation.

First Health PPO Network

First Health is a PPO network with broad access to medical providers in urban, suburban and rural markets throughout the country.

- ✓ Access to more than 5,300 hospitals, over 100,000 ancillary facilities and over 695,000 professional medical providers*
- ✓ Network doctors who are carefully selected to promote quality outcomes-www.firsthealthlbp.com

* September 2017, First Health Data Warehouse

Short-Term Medical Insurance Disclosure

This coverage is not required to comply with certain federal market requirements for health insurance, principally those contained in the Affordable Care Act. Be sure to check your Policy/Certificate carefully to make sure you are aware of any exclusions or limitations regarding coverage of preexisting conditions or health benefits (such as hospitalization, emergency services, maternity care, preventive care, prescription drugs, and mental health and substance use disorder services). Your Policy/Certificate might also have lifetime and/or annual dollar limits on health benefits. If this coverage expires or you lose eligibility for this coverage, you might have to wait until an open enrollment period to get other health insurance coverage. Also, this coverage is not "minimum essential coverage."

This plan has a pre-existing limitation provision that may prevent coverage from applying to medical conditions that existed prior to this plan effective date.

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 is reasonably possible

What do Core plans cover?

PIVOT HEALTH | Companion Life

Select services are subject to deductible and coinsurance before benefits are applied.

	CORE 1000	CORE 2000
Deductible	$1,000	$2,000
Coinsurance (Percentage you pay)	20%	
Coinsurance Maximum Out-of-Pocket †	$1,000	
Coverage Period Max Benefit^	$750,000	
Prescription Drugs	Discount only	Generics copay $10. After $500 Rx deductible (does not apply to generics), preferred $50, non-preferred brand $75. No specialty drugs.
Network	PPO	
Primary Doctor Office Visit*	$30 copay	
Urgent Care and Specialty Doctor Office Visit*	$60 copay	
Outpatient Emergency Room	Up to $500 maximum per day	
Outpatient Surgical Facility	Up to $1,000 maximum per day	
Hospital Room and Board	Average semi-private room rate, not to exceed $1,000 per day including nursing services and all miscellaneous expenses	
Intensive Care Unit	Up to $1,250 maximum per day	
Surgeon Services	Up to $2,500 per surgery, up to $5,000 maximum per coverage period.	
Local Ambulance	Up to $250 maximum per trip if related to a covered injury, $250 maximum per trip for a covered sickness if hospitalized	
Home Health Care	1 visit per day up to 40 days per coverage period.	
Extended Care Facility	$150 maximum per day up to 60 days	
Athletic Injury**	Same as any other illness/accident	
Physical Therapy	$50 per visit	
Out-of-Network Coverage	Yes	

Benefit Rules & Limitations:
† Family out-of-pocket limit is three times the individual maximum. See Plan Details for additional limitations and exclusions.
^ Due to state regulations in Indiana, the Coverage Period Max Benefit option is $2,000,000.
* Primary Physician, Specialist & Urgent Care Office Visit Copay: Limited to 3 visits per coverage period. Additional services and tests subject to deductible and coinsurance.
** Semi professional, professional, non-recreation and hazardous sports are excluded.
Copays, deductibles and penalties do not accumulate toward the out-of-pocket maximums.

Exclusions and Limitations*

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.

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 than 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.+

Outpatient prescription drugs, medications, vitamins, and supplements including pre-natal vitamins, or any over-the-counter medicines, whether or not ordered by a doctor. On Core 2000, outpatient drugs are only covered by the plan's prescription drug coverage endorsement.

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.

†Provisions may vary by state.

*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.

Exclusions & Limitations (continued)*

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 and 11 months of age, and their dependent children and can answer "No" to all of the questions in the application for insurance. Membership not required in all states.

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 and customary charge for each covered expense, in addition to any specific limits stated in the certificate.

About Companion Life Insurance Company

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 association that promotes the betterment of general health and welfare for all Americans, particularly those who are self-employed in rural areas or own a small business. CA member benefits are administered by CA and are not affiliated with Companion Life Insurance Company.

CA membership benefits include:

- ✓ $49 telemedicine doctor consultations 24/7
- ✓ 15-30% off eye exams, lenses, frames and contacts