Underwritten By:
Companion Life

Marketed By:
PIVOT HEALTH

Quantum PPO High Deductible and Copay Plans

Short-Term Medical Insurance

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

Insurance Benefits Highlights

- ✓ Large, national network
- ✓ Preventive health
- ✓ Rx copays available*
- ✓ Out-of-network coverage

Extra Non-Insurance Benefits

- ✓ Access to discounted telemedicine visits
- ✓ Discounted eye exams and eyewear

Short-term medical insurance is underwritten by Companion Life Insurance Company. (Policy Form No. CL STMP01200) Non-insurance association membership benefits are provided by Communicating for America. Pivot Health is an independent company and is not an affiliate of Cigna. All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company. The Cigna name, logo and other Cigna marks are owned by Cigna Intellectual Property, Inc.
These plans may not be available in all states. *Not available on all plans. Limitations apply.

Why Quantum PPO Short-Term Medical Insurance?

PIVOT HEALTH | Companion Life

Quantum short-term medical insurance plans provide a temporary health insurance solution to cover everyday medical services and help reduce your financial risk by providing access to a PPO network that will help reduce out-of-pocket expenses when seeing in-network providers.

Important Plan Features*

- Access to the Cigna PPO network**
- Up to $1,000,000 in benefits per coverage period^
- Deductible option from $2,500 to $10,000
- Preventive exam one time per coverage period
- Doctor office copay options
- In-network prescription drug copays with no deductible on some plans
- In-network out-of-pocket maximum capped at $10,000
- In-network annual OB-GYN exam, mammogram, ovarian cancer monitoring, colorectal cancer and prostate screening subject to deductible and coinsurance
- Childhood immunizations not subject to deductible
- Supplemental accident coverage included for injuries
- Organ transplants

Disclosures

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.

If an insured relocates to a state where short term medical insurance forms are not available, a new policy cannot be issued at the expiration date of the policy currently in force.

*Policy duration varies by state availability.
**Cigna's PPO network refers to the health care professionals (doctors, hospitals, specialists) contracted as part of the Cigna PPO for Shared Administration.
^Benefits vary by state.

Value of the Cigna PPO Network^

PIVOT HEALTH | Companion Life

Get more with the Cigna PPO Network! The network has broad access to medical providers in urban, suburban and rural markets throughout the country, and online tools to help you manage your healthcare.

- ✓ Access to more than 1 million national providers[1]
- ✓ 6,360 hospitals[1] in-network
- ✓ Members pay on average 49.8% less compared to the national discount[2]

Find a Cigna PPO Network provider by visiting **https://sarhcpdir.cigna.com/web/public/sarProviders**, enter Address, City or Zip in the search bar, and under "Medical Plans" select the "PPO/Choice Fund PPO" network. Call **866-387-5645** for assistance with provider look-up.

Personalized information for members with access to myCigna.com

- ✓ Find a provider – doctors, behavioral health providers, urgent care, hospitals, pharmacies
- ✓ Health resources, research, videos

For Cigna Pharmacy members:

- ✓ Price a Prescription Tool for pharmacy members - real-time, personalized information about lower-priced drugs and pharmacies
- ✓ Pharmacy plan coverage and claim history

^Cigna's PPO network refers to the health care professionals (doctors, hospitals, specialists) contracted as part of the Cigna PPO for Shared Administration.
[1] Cigna analysis of the actual number of doctors in the PPO Network as of November 1, 2018. Data is subject to change.
[2] Average discount based on actual paid claims for the period 1/1/17–12/31/17. Cigna analysis conducted in November 2018. Actual results may vary based on utilization, plan design and geography.

Pivot Health is an independent company and is not an affiliate of Cigna. All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company. The Cigna name, logo and other Cigna marks are owned by Cigna Intellectual Property, Inc.

Quantum PPO Short-Term Medical Insurance Plan Benefits

PIVOT HEALTH | Companion Life

Benefits listed are per covered individual unless otherwise indicated.

	QUANTUM PPO High Deductible (HD)	QUANTUM PPO COPAY	OUT OF NETWORK
Deductible^*	$5,000 or $10,000	$2,500, $5,000 or $10,000	2 times the plan deductible
Coinsurance	70% or 100% (100% for $10,000 deductible only)	80% or 100% (100% for $10,000 deductible only)	60%
Out-of-Pocket Maximum**	$10,000 per person (includes deductible)	$10,000 per person (includes the deductible)	No maximum
Total Coverage Max	$500,000 or $1,000,000	$500,000 or $1,000,000	$250,000
Primary Doctor Visit	Subject to deductible & coinsurance	$30; max 3 visits for any office appointment per coverage period.***	Subject to deductible & coinsurance
Specialty Doctor Office Visit and Urgent Care	Subject to deductible & coinsurance	$60; max 3 visits for any office appointment per coverage period.***	Subject to deductible & coinsurance
Preventive Health	1 visit per coverage period not to exceed $250 per coverage period.	1 visit per coverage period not to exceed $250 per coverage period.	Not covered
Mammography	Subject to deductible & coinsurance	Subject to deductible & coinsurance	Not covered
Routine Annual OB-GYN Exam	Subject to deductible & coinsurance	Subject to deductible & coinsurance	Not covered
Ovarian Cancer Monitoring	Subject to deductible & coinsurance	Subject to deductible & coinsurance	Not covered
Generic Drugs	Discount Only	$5 copay	Not covered
Preferred Drugs	Discount Only	$30 copay	Not covered

^Due to state regulations in Indiana, total coverage maximum is $2,000,000.
*Family deductible 3-times the plan deductible for HD plan, 2-times for Copay plan.
**Family out-of-pocket max $25,000 including deductibles
***Primary doctor, specialty doctor and Urgent Care visits have a combined 3 visit maximum. Additional visits are subject to deductible & coinsurance.

Quantum PPO Short-Term Medical Insurance Plan Benefits

PIVOT HEALTH | Companion Life

Non-Preferred Drugs	Discount only	$75 copay	Not covered
Emergency Room	$250 copay, then subject to deductible & coinsurance	$250 copay, then subject to deductible & coinsurance	$250 copay, then subject to deductible & coinsurance
Outpatient Surgical Facility	Subject to deductible & coinsurance	Subject to deductible & coinsurance	Subject to deductible & coinsurance
Hospitalization	$500 Copay then Deductible & Coinsurance	Subject to deductible & coinsurance	Subject to deductible & coinsurance
Ground Ambulance	Deductible and Coinsurance up to $1,000	Deductible and Coinsurance up to $1,000	Deductible and Coinsurance up to $1,000
Air Ambulance	Deductible and Coinsurance up to $2,500	Deductible and Coinsurance up to $2,500	Deductible and Coinsurance up to $2,500
Home Healthcare	Subject to deductible & coinsurance, up to 40 visits	Subject to deductible & coinsurance, up to 40 visits	Subject to deductible & coinsurance, up to 40 visits
Speech Therapy/ Occupational Therapy/Physical Therapy	Subject to deductible & coinsurance, then $50 per day for a max of 20 visits for all therapies (PT/OT/SP)	Subject to deductible & coinsurance, then $50 per day for a max of 20 visits for all therapies (PT/OT/SP)	Subject to deductible & coinsurance, then $50 per day for a max of 20 visits for all therapies (PT/OT/SP)
Mental Disorder	Subject to deductible & coinsurance	Subject to deductible & coinsurance	Not covered
Substance Abuse	Subject to deductible & coinsurance: Inpatient: $100 per day, per coverage period, 31-days maximum. Outpatient: $50 per visit, 10 visits maximum.	Subject to deductible & coinsurance: Inpatient: $100 per day, per coverage period, 31-days maximum. Outpatient: $50 per visit, 10 visits maximum.	Not covered
Organ or Tissue Transplant	Subject to deductible & coinsurance	Subject to deductible & coinsurance	Not covered
Prosthetics & Orthotics	Subject to deductible & coinsurance up to $2,500	Subject to deductible & coinsurance up to $2,500	Not covered

Quantum PPO Short-Term Medical Insurance Plan Benefits

PIVOT HEALTH | Companion Life

Traveling in A Foreign Country Requiring Immediate Medical Attention	Subject to deductible & coinsurance	Subject to deductible & coinsurance	Subject to deductible & coinsurance
Supplemental Accident Benefit	100% of inpatient or outpatient expenses of insured's expenses paid due to an accidental injury that needs immediate medical attention within 72 hours of accident. Not to exceed the amount of the plan deductible.	100% of inpatient or outpatient expenses of insured's expenses paid due to an accidental injury that needs immediate medical attention within 72 hours of accident. Not to exceed the amount of the plan deductible.	100% of inpatient or outpatient expenses of insured's expenses paid due to an accidental injury that needs immediate medical attention within 72 hours of accident. Not to exceed the amount of the plan deductible.

This is not a complete list of benefits. Review www.pivothealth.com for a full benefit listing.

Exclusions & Limitations

PIVOT HEALTH | Companion Life

Loss caused by, contributed to or resulting from the following is excluded or otherwise limited as specified;

- Pre-Existing Condition means a disease or condition for which medical treatment, diagnosis, care or advice was recommended or received from a Doctor within the 24-month period immediately prior to the Insured Person's Effective Date; or any conditions that produced any symptoms which would have caused a reasonable person to seek diagnosis, care or treatment within the 24-month period immediately prior to the insured person's effective date. This exclusion does not apply to a newborn child or newborn adopted child who is added to coverage in accordance with eligibility and effective date. This exclusion also does not apply to any Eligible Expense payable for a Pre-Existing Condition until the Allowance Benefit Maximum shown in the Schedule of Benefits has been reached.
- Expenses which are not incurred by an Insured Person during his/her Coverage Period.
- Expenses which exceed any limits or limitations specified in this Certificate, including the Schedule of Benefits.
- Expenses for services or supplies in excess of the Maximum Allowable Expense.
- Expenses for services or supplies which are not administered by or under the supervision of a Doctor.
- Marital counseling or social counseling.
- Habilitative Services.
- Any drug, treatment or procedure that either promotes or prevents conception including but not limited to: artificial insemination, treatment for infertility or impotency, sterilization or reversal of sterilization. Any drug, treatment or procedure that corrects impotency or non-organic sexual dysfunction. This does not include any Prescription Drug expressly provided.
- Outpatient Prescription Drugs, medications, vitamins and mineral or food supplements, including prenatal vitamins, or any over-the-counter medicines, whether or not ordered by a Doctor, unless expressly provided.
- Modifications of the physical body in order to improve the psychological, mental or emotional well-being of the Insured Person, such as sex-change surgery.
- Cosmetic Treatment, except for reconstructive surgery where expressly covered under the Policy.
- Weight modification or surgical treatment of obesity.
- Eye surgery, including LASIK, when the primary purpose is to correct nearsightedness, farsightedness or astigmatism.
- Dental Expenses, except as necessary to restore or replace sound and natural teeth lost or damaged as a result of an Injury. The Injury must be severe enough that the contact with the Doctor occurs within seventy-two (72) hours of the Accident, unless extenuating circumstances exist due to the severity of the Injury that prevent the Insured Person from contacting the Doctor.
- Routine prenatal care, Pregnancy, childbirth, and post-natal care. (This exclusion does not apply to "Complications of Pregnancy" as defined.)
- Routine physical exams or other services not needed for medical treatment, unless expressly provided.
- Expenses for a Covered Dependent who is a newborn child not yet discharged from the Hospital, unless the charges are Medically Necessary to treat premature birth, congenital Injury or Sickness, or Sickness or Injury sustained during or after birth.
- Sclerotherapy for veins of the extremities.
- Abortions, except in connection with covered Complications of Pregnancy or if the life of the expectant mother would be at risk.

Exclusions & Limitations (continued)

PIVOT HEALTH | Companion Life

- Joint Replacements, unless related to an Accidental Injury.
- Surgeries, treatments, services or supplies which are Experimental or Investigational Treatment.
- Chronic fatigue or pain disorders.
- Exercise programs, whether or not prescribed or recommended by a Doctor.
- Treatment for cataracts.
- Treatment of sleep disorders.
- Treatment required as a result of complications or consequences of a treatment or condition not covered under the Policy.
- Treatment incurred as a result of exposure to non-medical nuclear radiation and/or radioactive materials.
- Treatment for acne, moles, skin tags, diseases of sebaceous glands, seborrhea, sebaceous cyst, unspecified disease of sebaceous glands, hypertrophic and atrophic conditions of skin, nevus.
- Treatment for or related to any congenital condition, except as it relates to a newborn child or newborn adopted child added as an Insured Person pursuant to eligibility and effective date.
- Treatment, medication or hormones to stimulate growth, or treatment of learning disorders, disabilities, developmental delays or deficiencies, including therapy.
- Biofeedback, acupuncture, recreational, sleep or MIST Therapy®, holistic care of any nature, massage and kinesitherapy, unless expressly provided.
- Hypnotherapy when used to treat conditions that are not recognized as Mental Disorders by the American Psychiatric Association, and non-medical self-care or self-help programs.
- Eyeglasses, contact lenses, hearing aids, hearing implants, eye refraction, visual therapy, orthoptics, visual eye training and any examination or fitting related to these devices, and all vision and hearing tests and examinations.
- Care, treatment or supplies for the feet, orthopedic shoes, orthopedic prescription devices to be attached to or placed in shoes, treatment of weak, strained, flat, unstable or unbalanced feet, metatarsalgia or bunions and treatment of corns, calluses or toenails.
- Care and treatment for hair loss including wigs, hair transplants or any drug that promises hair growth, whether or not prescribed by a Doctor.
- Failure to keep a scheduled appointment.
- Telephone or Internet consultations and/or treatment except as expressly provided.
- Expenses for transportation, travel or accommodations, except as expressly provided.
- All charges incurred while confined primarily to receive Custodial or Convalescent Care.
- Services received or supplies purchased in a Foreign Country unless expressly provided.
- Any services or supplies in connection with cigarette smoking cessation.
- Any services performed or supplies provided by a member of an Insured Person's Immediate Family.
- Services received for any condition caused by an Insured Person's commission of or attempt to commit a felony or to which a contributing cause was the Insured Person being engaged in an illegal occupation.
- Services or supplies which are not included as Eligible Expenses.
- Participating in hazardous occupations or other activity including participating, instructing, demonstrating, guiding or accompanying others in the following: operation of a flight in an aircraft other than a regularly scheduled flight by a commercial airline, professional or semi-professional sports, extreme sports, parachute

Exclusions & Limitations (continued)

PIVOT HEALTH | Companion Life

jumping, hot-air ballooning, hang-gliding, base jumping, bungee jumping, scuba diving, sail gliding, parasailing, parakiting, rock or mountain climbing, cave exploration, parkour, racing including stunt show or speed test of any motorized or non-motorized vehicle, rodeo activities, or similar hazardous activities. Also excluded is Injury received while practicing, exercising, undergoing conditional or physical preparation for such activity.

- ✓ Suicide or Intentionally self-inflicted Injury or Sickness (whether the Insured Person is sane or insane).
- ✓ Expenses resulting from a declared or undeclared war, or from voluntary participation in a riot or insurrection.
- ✓ Expenses incurred by an Insured Person while on active duty in the armed forces. Upon written notice to Us of entry into such active duty, the unused premium will be returned to the Insured on a prorated basis.
- ✓ Expenses an Insured Person is not required to pay, or which would not have been billed, if no insurance existed.
- ✓ Expenses which are eligible for payment by Medicare or any other government program except Medicaid, or Medical coverage under any automobile no-fault insurance.
- ✓ Costs for care in government institutions unless You or Your Covered Dependent are obligated to pay for such care.
- ✓ Expenses related to Injury or Sickness arising out of or in the course of any occupation for compensation, wage or profit, if the Insured Person is insured, by occupational disease or workers' compensation insurance pursuant to applicable state or federal law, whether application for such benefits have been made.
- ✓ Provider Sales Tax or Gross Receipt Tax, Provider administrative expenses including but not limited to charges for claim filing, contacting utilization review organizations or case management fees.
- ✓ Treatment or Injury resulting from being intoxicated or 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. Intoxicated means the blood-alcohol content meets or exceeds the legal presumption of intoxication under the law in the state where the Injury took place.
- ✓ Genetic Testing or counseling, including, but not limited to, amniocentesis and chronic villi testing.
- ✓ Treatment for Mental Disorders unless expressly provided.
- ✓ Treatment for Substance Abuse unless expressly provided.
- ✓ Manipulative Services including spinal manipulation, manual or electrical muscle stimulation, other manipulative or ultrasound therapy and any other non-surgical treatment of the spine.
- ✓ Temporomandibular Joint Disorder unless expressly provided.
- ✓ Acquired Immune Deficiency Syndrome (AIDS) and Human Immune Deficiency Virus (HIV) unless expressly provided.
- ✓ Diabetic supplies and management unless expressly provided.
- ✓ Cancer screenings unless expressly provided.
- ✓ Expenses to the extent that they are paid or payable under another insurance or medical prepayment plan.

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.

Waiting Period

No benefits are payable for Sicknesses which arise during the first 3 days following an Insured Person's Coverage Effective Date. No benefits are payable for Cancer which arises during the first 30 days following an Insured Person's Effective Date. After the Waiting Period has expired, the condition will be subject to all the terms of the Certificate, just like any other condition.

There is a 3-month Waiting Period for certain conditions. Expenses incurred by an Insured Person for treatment of:
a. Adenoidectomy;
b. Cholecystectomy;
c. Herniorraphy;
d. Joint, neck and spine muscular disorders;
e. Myringotomy;
f. Repair of deviated nasal septum or any type of surgery involving the sinus;
g. Tonsillectomy;
h. Total or partial hysterectomy, unless it is Medically Necessary due to a diagnosis of carcinoma; or
i. Tympanotomy;

will not be payable during the Insured Person's first 3 months of coverage under this Certificate. This exclusion will not apply if the treatment is provided on an emergency basis. After the 3-month period, the condition will be subject to all the terms of the Policy, just like any other condition, including the Pre-Existing Conditions Exclusion.

Failure to Pre-Authorize Penalty

Eligible expenses not pre-authorized will reduce by $1,000.

Free Look Period

If you are not 100% satisfied with your Companion Life insurance plan, provide a written request for cancellation to Pivot Health at support@pivothealth.com 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 policy 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.

About Companion Life Insurance Company

Companion Life Insurance Company, located in 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), an 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