Short Term Medical

Short term, limited-duration insurance. Health insurance that covers you for a period of less than 12 months.

Insurance Benefits Highlights

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

Extra Non-Insurance Benefits

- Telemedicine at no cost
- 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 type of plan is NOT considered “minimum essential coverage” under the Affordable Care Act and therefore you may be subject to a tax penalty.

*Not available on all plans. Limitations apply.
Why consider short term medical?

**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, or up to 364 days, 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. And Pivot Health offers plans with multiple deductible options and even a prescription drug benefit to fit both your health care needs and monthly budget.
## Important plan features

<table>
<thead>
<tr>
<th>Feature</th>
<th>Details</th>
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<tr>
<td>Up to $1,000,000 in benefits per coverage period</td>
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<tr>
<td>Deductible options of $1,000, $1,500, $2,000, $2,500, $3,000, $5,000, $7,500 and $10,000</td>
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<td>20% coinsurance on all plans</td>
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<td>Freedom to choose any doctor or hospital – no networks</td>
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<tr>
<td>Coverage from 1 month to 364 days (Coverage periods available vary by state)</td>
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<tr>
<td>On select plans, separate $500 prescription drug deductible, plus generic and brand prescription copay options</td>
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<td>On select plans, $30 primary physician copay, $60 Urgent Care and specialty physician copay benefits</td>
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<td>Maximum out-of-pocket as low as $3,000 per person, per coverage period on select plans</td>
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<td>Child-only coverage available</td>
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<td>Ovarian cancer screen and one annual pap smear per year, per covered female age 18 and over</td>
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<td>Extra non-insurance savings* which include:</td>
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<tr>
<td>• $40 doctor consultations 24/7</td>
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<tr>
<td>• 15-30% off eye exams, lenses, frames and contacts</td>
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<tr>
<td>• Up to 70% savings on prescription drugs at more than 66,000 pharmacies nationwide</td>
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*Not associated with Companion Life insurance Company insurance coverages
How do I get started?

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 **start date**. 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 30 days from the date of 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, $1,500 or $2,500 for a Deluxe plan, $2,000, $3,000 or $5,000 for a Standard plan, and $5,000, $7,500 or $10,000 for an Economy plan. A family out-of-pocket limit is three times the individual maximum.

**Understand coinsurance.** Coinsurance is the percentage of covered expenses you are responsible for after your deductible is met. Every Pivot Health plan has 20% coinsurance. That means, once you have met 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 and Standard plans

<table>
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<tr>
<th>Benefit</th>
<th>Details</th>
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<tr>
<td>Doctor office visits</td>
<td>Subject to deductible and coinsurance</td>
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<tr>
<td>Hospitalization, surgery, medical services</td>
<td>Subject to deductible and coinsurance</td>
</tr>
<tr>
<td>Ovarian cancer screening</td>
<td>Considered not investigational</td>
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<tr>
<td>Pap smear</td>
<td>One annual per covered female age 18 or older</td>
</tr>
<tr>
<td>Mammogram coverage</td>
<td>May be available and varies by state. See insurance certificate for details</td>
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<tr>
<td>Extended care facility</td>
<td>Up to $150 per day for a maximum of 60 days</td>
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<tr>
<td>Home health care visit</td>
<td>One per day, up to 40 days maximum</td>
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<tr>
<td>Physical therapy</td>
<td>Up to $50 per day for a maximum of 20 visits</td>
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<tr>
<td>Mental health services</td>
<td>For outpatient treatment: $50 maximum per visit, maximum 10 visits per coverage period. For inpatient treatment: $100 maximum per day, maximum 31 days per coverage period.</td>
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<tr>
<td>Local ambulance ground or air transportation</td>
<td>Up to $1,000 maximum for ground transportation and $2,500 maximum for air transportation when related to an injury or when related to a covered sickness that results in inpatient hospital confinement. Benefits are per coverage period.</td>
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### Deluxe plans

Deluxe plans also include additional benefits:

- $30 copay for primary physician visits
- $60 copay for Urgent Care and specialty physician visits
Prescription drug benefits

Prescription drug benefits are included with Standard and Deluxe plans:

- **$500 deductible**

**Generic prescription drugs:** Inpatient drugs are covered subject to deductible and 20% coinsurance. For outpatient drugs, after drug deductible is met, covered person pays $10 copay for 34-day supply.

**Preferred-brand prescription drugs:** Inpatient drugs are covered subject to deductible and 20% coinsurance. For outpatient drugs, after drug deductible is met, covered person pays $50 copay for 34-day supply.

**Non-preferred brand name prescription drugs:** Inpatient drugs are covered subject to deductible and 20% coinsurance. For outpatient drugs, after drug deductible is met, covered person pays $75 copay for 34-day supply.

Specialty prescription drugs are not covered.

Note: This is a partial list, and some benefits will vary by state.

Extra non-insurance savings* which include:

- $40 unlimited doctor consultations, 24/7
- Savings of up to 70% off prescription drugs at 66,000 pharmacies nationwide
- Discounts of 15%-30% off eye exams, frames, lenses and contacts

*Membership benefits are not insurance benefits.
What is not covered?

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.)

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 be entitled to receive benefits for Injury that occurred following the covered person’s effective date of coverage, however, if coverage was purchased within 3 days of the covered person’s effective date, covered persons will only be entitled to receive benefits for sicknesses that begin, by occurrence of symptoms and/or receipt of treatment, at least 72 hours 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, bungee jumping, 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.

Injuries or sicknesses resulting from participation in interscholastic, intercollegiate or organized competitive sports.

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;
- Repair of deviated nasal septum or any type of surgery involving the sinus;
- Myringotomy;
- Tympanotomy;
- Herniorrhaphy;
- 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.