

Underwritten By:



Marketed by:



# Short-Term Medical Insurance Plans

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



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, LLC. These plans may not be available in all states. Not available on all plans. Limitations apply.

STM-10282022

# Why Short-Term Medical Insurance Plans?

Short-term medical insurance provides a limited duration medical insurance solution until a qualified health plan is chosen, helping reduce your financial risk. It allows you to pivot to help meet your life's needs. 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 from \$1,000 to \$10,000
- ✓ Annual preventive exam paid 100%
- ✓ Doctor office copay options
- ✓ Prescription drug copays with no deductible on some plans
- ✓ Annual OB-GYN exam, mammogram, ovarian cancer monitoring, colorectal cancer and prostate screening coverage
- ✓ Childhood immunizations and routine service coverage
- ✓ Inpatient and Outpatient Mental Health and Substance abuse benefits
- ✓ Organ transplant benefits
- ✓ HIV coverage
- ✓ Joint, neck, and spine injury coverage
- ✓ Free and unlimited telemedicine benefit
- ✓ Freedom to choose any doctor or hospital – no networks

## 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 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). 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”.

## Pre-Existing Condition Exclusion

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.

Benefits vary by state. Limitations may apply.

# Short-Term Medical Insurance Plans

	ECONOMY	CHOICE	STANDARD	DELUXE
<b>Deductible</b>	\$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
<b>Coinsurance (Percentage you pay)</b>	20% or 30%	20% or 30%	20%	20%
<b>Out-of-Pocket Maximum (Includes Coinsurance, Deductible, and Medical Copayments)<sup>1</sup></b>	\$13,000, \$15,000, \$17,500 or \$20,000	\$11,000, \$12,000, \$15,000 or \$20,000	\$7,000, \$8,000 or \$10,000	\$4,000, \$5,500 or \$8,000
<b>Overall Maximum Benefit<sup>2</sup></b>	\$100,000, \$250,000, \$500,000 or \$1,000,000	\$100,000, \$250,000, \$500,000 or \$1,000,000	\$250,000 or \$500,000	\$500,000 or \$1,000,000
<b>General Practitioner Doctor Office Visit</b>	Subject to deductible & coinsurance	\$30 copay; max 3 visits combined with Specialist and Urgent Care Facility visits per coverage period. <sup>3</sup>	Subject to deductible & coinsurance	\$30 copay; max 3 visits combined with Specialist and Urgent Care Facility visits per coverage period. <sup>3</sup>
<b>Specialty Doctor Office Visit and Urgent Care</b>	Subject to deductible & coinsurance	\$60 copay; max 3 visits combined with General Practitioner visits per coverage period. <sup>3</sup>	Subject to deductible & coinsurance	\$60 copay; max 3 visits combined with General Practitioner visits per coverage period. <sup>3</sup>
<b>Preventive Examination</b>	1 visit per coverage period not to exceed \$200 per coverage period.	1 visit per coverage period not to exceed \$200 per coverage period.	1 visit per coverage period not to exceed \$200 per coverage period.	1 visit per coverage period not to exceed \$200 per coverage period.
<b>Child Immunizations</b>	Not subject to deductible	Not subject to deductible	Not subject to deductible	Not subject to deductible
<b>Athletic Injury</b>	Athletic Injury same as any other illness/accident	Athletic Injury same as any other illness/accident	Athletic Injury same as any other illness/accident	Athletic Injury same as any other illness/accident
<b>Mammography<sup>4</sup></b>	Subject to deductible & coinsurance	Subject to deductible & coinsurance	Subject to deductible & coinsurance	Subject to deductible & coinsurance

<sup>1</sup>Family Out-of-Pocket Maximum is 3x the individual Out-of-Pocket Maximum.

<sup>2</sup>Due to state regulations in Indiana, total coverage maximum is \$2,000,000.

<sup>3</sup>A copayment applies to the first 3 visits for General Practitioner, Specialty Doctor, and Urgent Care. All Doctor Office visits after the first 3 are subject to deductible and coinsurance. Additional services performed during an office visit are subject to deductible and coinsurance.

<sup>4</sup>Deductible does not apply in FL for Mammograms.

# Short-Term Medical Insurance Plans

	ECONOMY	CHOICE	STANDARD	DELUXE
<b>Routine Annual OB-GYN Exam<sup>1</sup></b>	Subject to deductible & coinsurance	Subject to deductible & coinsurance	Subject to deductible & coinsurance	Subject to deductible & coinsurance
<b>Ovarian Cancer Monitoring</b>	Subject to deductible & coinsurance	Subject to deductible & coinsurance	Subject to deductible & coinsurance	Subject to deductible & coinsurance
<b>Prescription Drugs<sup>2,3</sup></b>	Discount Only	Discount Only	No Deductible; \$10 Copay for Generics \$30 Copay for Preferred \$75 Copay for Non-Preferred	No Deductible; \$10 Copay for Generics \$30 Copay for Preferred \$75 Copay for Non-Preferred
<b>Emergency Room</b>	\$450 copay, unless the Insured Person is directly admitted as an In-patient, then subject to deductible & coinsurance	\$250 copay, unless the Insured Person is directly admitted as an In-patient, then subject to deductible & coinsurance	\$350 copay, unless the Insured Person is directly admitted as an In-patient, then subject to deductible & coinsurance	\$250 copay, unless the Insured Person is directly admitted as an In-patient, then subject to deductible & coinsurance
<b>Outpatient Surgical Facility</b>	\$500 copay, then subject to deductible & coinsurance	Subject to deductible & coinsurance	Subject to deductible & coinsurance	Subject to deductible & coinsurance
<b>Hospital Confinement<sup>4</sup></b>	\$750 copay, then subject to deductible & coinsurance	Subject to deductible & coinsurance	\$500 copay, then subject to deductible & coinsurance	Subject to deductible & coinsurance
<b>Ground Ambulance</b>	Subject to deductible & coinsurance up to \$1,000 per trip	Subject to deductible & coinsurance up to \$1,000 per trip	Subject to deductible & coinsurance up to \$1,000 per trip	Subject to deductible & coinsurance up to \$1,000 per trip
<b>Air Ambulance</b>	Subject to deductible & coinsurance up to \$2,500 per trip	Subject to deductible & coinsurance up to \$2,500 per trip	Subject to deductible & coinsurance up to \$2,500 per trip	Subject to deductible & coinsurance up to \$2,500 per trip
<b>Home Healthcare<sup>5</sup></b>	Subject to deductible & coinsurance, up to 40 visits per coverage period	Subject to deductible & coinsurance, up to 40 visits per coverage period	Subject to deductible & coinsurance, up to 40 visits per coverage period	Subject to deductible & coinsurance, up to 40 visits per coverage period

<sup>1</sup>Deductible does not apply in FL for Routine Annual Obstetric Gynecological Examination.

<sup>2</sup>Mail Order Not Covered.

<sup>3</sup>Benefits will not exceed \$1,000 for Coverage Periods of 6 months or less. Benefits will not exceed \$2,000 for Coverage Periods of more than 6 months.

<sup>4</sup>Not to exceed 90% of private room rate.

<sup>5</sup>Coverage is limited to 1 visit per day.

# Short-Term Medical Insurance Plans

	ECONOMY	CHOICE	STANDARD	DELUXE
<b>Speech Therapy/ Occupational Therapy/ Physical Therapy<sup>1</sup></b>	Subject to deductible & coinsurance, then up to \$50 per day, limited to 1 visit per day and a total of 20 visits per coverage period for all ST/OT/PT combined	Subject to deductible & coinsurance, then up to \$50 per day, limited to 1 visit per day and a total of 20 visits per coverage period for all ST/OT/PT combined	Subject to deductible & coinsurance, then up to \$50 per day, limited to 1 visit per day and a total of 20 visits per coverage period for all ST/OT/PT combined	Subject to deductible & coinsurance, then up to \$50 per day, limited to 1 visit per day and a total of 20 visits per coverage period for all ST/OT/PT combined
<b>Mental Disorder Inpatient and Outpatient</b>	Subject to deductible & coinsurance	Subject to deductible & coinsurance	Subject to deductible & coinsurance	Subject to deductible & coinsurance
<b>Substance Abuse</b>	Subject to deductible & coinsurance Inpatient: Up to \$100 per day limited to 31 days per coverage period Outpatient: Up to \$50 per day limited to 10 visits per coverage period	Subject to deductible & coinsurance Inpatient: Up to \$100 per day limited to 31 days per coverage period Outpatient: Up to \$50 per day limited to 10 visits per coverage period	Subject to deductible & coinsurance Inpatient: Up to \$100 per day limited to 31 days per coverage period Outpatient: Up to \$50 per day limited to 10 visits per coverage period	Subject to deductible & coinsurance Inpatient: Up to \$100 per day limited to 31 days per coverage period Outpatient: Up to \$50 per day limited to 10 visits per coverage period
<b>Organ or Tissue Transplant</b>	Subject to deductible and coinsurance, not to exceed \$10,000 per coverage period.	Subject to deductible and coinsurance, not to exceed \$10,000 per coverage period.	Subject to deductible and coinsurance, not to exceed \$10,000 per coverage period.	Subject to deductible and coinsurance, not to exceed \$10,000 per coverage period.
<b>Prosthetics &amp; Orthotics</b>	Subject to deductible and coinsurance, not to exceed \$2,500 per coverage period.	Subject to deductible and coinsurance, not to exceed \$2,500 per coverage period.	Subject to deductible and coinsurance, not to exceed \$2,500 per coverage period.	Subject to deductible and coinsurance, not to exceed \$2,500 per coverage period.

<sup>1</sup>Rehabilitative Services Only

This is not a complete list of benefits. Review [www.pivotohealth.com](http://www.pivotohealth.com) for a full benefit listing.

# Exclusions & Limitations

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

A Pre-Existing Condition. This exclusion does not apply to a newborn child or newborn adopted child who is added to coverage in accordance with SECTION 2 - ELIGIBILITY AND EFFECTIVE DATE.

This exclusion 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.

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Expenses which are not incurred by an Insured Person during his/her Coverage Period.

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Expenses which exceed any limits or limitations specified in this Certificate, including the Schedule of Benefits.

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Expenses for services or supplies in excess of the Maximum Allowable Expense.

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Expenses for services or supplies which are not administered by or under the supervision of a Doctor.

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Marital counseling or social counseling.

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Habilitative Services.

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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. This does not include any Prescription Drug expressly provided in the Policy.

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Any drug, treatment or procedure that corrects impotency or non-organic sexual dysfunction.

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Outpatient Prescription Drugs, medications, vitamins and mineral or food supplements, including pre-natal vitamins, or any over-the-counter medicines, whether or not ordered by a Doctor, unless expressly provided for in the Schedule of Benefits for Outpatient Prescriptions Drugs.

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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.

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Weight modification or surgical treatment of obesity.

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

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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 Insure Person from contacting the Doctor.

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Cosmetic Treatment, except for reconstructive surgery where expressly covered under the Policy.

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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)

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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.

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Sclerotherapy for veins of the extremities.

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

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Joint Replacements, unless related to an Accidental Injury.

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Surgeries, treatments, services or supplies which are Experimental or Investigational Treatment.

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Chronic fatigue or pain disorders.

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Kidney or end stage renal disease.

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Treatment for cataracts.

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Treatment of sleep disorders.

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Treatment required as a result of complications or consequences of a treatment or condition not covered under the Policy.

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Treatment incurred as a result of exposure to non-medical nuclear radiation and/or radioactive materials.

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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.

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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 the Policy.

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Treatment, medication or hormones to stimulate growth, or treatment of learning disorders, disabilities, developmental delays or deficiencies, including therapy.

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Biofeedback, acupuncture, recreational, sleep or MIST Therapy®, holistic care of any nature, massage and kinestherapy, unless expressly provided in the Policy.

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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.

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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)

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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

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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.

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Care and treatment for hair loss including wigs, hair transplants or any drug that promises hair growth, whether or not prescribed by a Doctor.

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Exercise programs, whether or not prescribed or recommended by a Doctor.

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Failure to keep a scheduled appointment.

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Telephone or Internet consultations and/or treatment except as expressly provided in the Policy.

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Expenses for transportation, travel or accommodations, except as expressly provided in the Policy.

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All charges incurred while confined primarily to receive Custodial or Convalescent Care.

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Services received or supplies purchased in a Foreign Country.

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Any services or supplies in connection with cigarette smoking cessation.

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Any services performed or supplies provided by a member of an Insured Person's Immediate Family.

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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.

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Services or supplies which are not included as Eligible Expenses in the Policy.

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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 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.

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Suicide or Intentionally self-inflicted Injury or Sickness (whether the Insured Person is sane or insane).

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Please see the certificate for detailed information about these and other Policy exclusions and limitations. Benefits, provisions, limitations and exclusions may vary by state.



Expenses resulting from a declared or undeclared war, or from voluntary participation in a riot or insurrection.

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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 pro-rated basis.

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Expenses an Insured Person is not required to pay, or which would not have been billed, if no insurance existed.

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Expenses which are eligible for payment by Medicare or any other government program except Medicaid, or Medical coverage under any automobile no-fault insurance.

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Costs for care in government institutions unless You or Your Covered Dependent are obligated to pay for such care.

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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.

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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.

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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.

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Genetic Testing or counseling, including, but not limited to, amniocentesis and chronic villi testing.

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Manipulative Services including spinal manipulation, manual or electrical muscle stimulation, other manipulative or ultrasound therapy and any other non-surgical treatment of the spine.

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Cancer screenings except as expressly provided in the Policy.

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Expenses to the extent that they are paid or payable under another insurance or medical prepayment plan.

# 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. Herniorrhaphy;
- 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.

## Free Look Period

If you are not 100% satisfied with your Companion Life insurance plan, request cancellation within 10 days of receipt using the contact information on your ID Card.\* Your coverage will be canceled as of the effective date and you will receive a full refund.

## Eligibility

Companion Life is made available to members and their spouses through 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

The coverage of the Insured will terminate on the earliest of the following dates:

- The date the Policy terminates;
- The first day of the month in which the Insured reaches the age of 65 or becomes eligible for Medicare;
- The last day for which the Insured’s premium has not been paid, subject to the grace period;
- The date the Insured asks Us to end his or her coverage;
- The date the Insured dies;
- The end of the Coverage Period;
- The date the Insured reaches the Overall Maximum Benefit shown in the Schedule of Benefits;
- The date the Insured enters the armed forces of any country, state or international organization, other than for reserve duty of 30 days or less.

## About Companion Life Insurance Company

Companion Life Insurance Company, located in Columbia, S.C., has specialized in insurance benefits for more than 50 years.

## For States except Idaho, Missouri, North Carolina, North Dakota, Oklahoma, and Oregon

This plan is available to those who 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. Membership in CA also provides access to non-insurance Telemedicine and other important benefits described below. CA is not affiliated with the Companion Life Insurance Company.

## State of Idaho, Missouri, North Carolina, North Dakota, Oklahoma, and Oregon

For people selecting an individual plan underwritten by the Companion Life Insurance Company, non-insurance Telemedicine and other important benefits described below are provided by Pivot Health. Pivot Health is not affiliated with the Companion Life Insurance Company.

## Non-Insurance Benefits

- Free and unlimited telemedicine doctor consultations 24/7
- Dermatology Consultations included
- Discounts on hearing and audiology
- Discounts on durable medical equipment
- Prescription Drug Discount Card

## Patient Advocacy Services

- Dedicated patient advocates give access to helpful resources
- Healthcare navigation included to help identify the best source of care
- Bill negotiation to help negotiate medical bills and lower out of pocket costs

\*30 days in Louisiana.