






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 Company. Non-insurance association membership benefits are provided by Communicating for America, LLC.

**Not available on all plans. Limitations apply.



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

We understand you might need short term medical coverage for a temporary period of time or for a longer extension over multiple months. That's why Pivot Health offers an array of coverage durations that allow you to pick an option for your particular life situation.

90-Days or Four 90-Days Plans

Pivot Health offers you the opportunity to apply for one 90-day policy which gives you nearly 3-months of coverage. We also allow you to apply for four (4) back-to-back 90-day policies at one time. You do not have to qualify again for the three additional policies, there are no additional waiting periods, and you can cancel at any time. New ID card must be downloaded every 90-days to ensure coverage is current. Pre-payment option is available for a discounted rate on shorter 90-day-only plans. For the first policy, pre-existing conditions diagnosed within the 60-month period immediately preceding the covered person's effective date are excluded for the first 12 months of coverage.

180-Days of Coverage

Need coverage for more than a few months? Get one policy for up to 180 days (approximately 6 months).

364-Days of Coverage

If you need health insurance coverage for nearly a year while you wait for additional coverage, 364-days of short term medical insurance can take you the distance. May be great for individuals seeking a longer-term solution.

Short Term Medical 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 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.*



Options

Short term medical 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.

Features

Short term medical includes hospitalization and professional health services after deductibles, copays, and coinsurance. You can enroll for as little as 90-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.

Important Plan Features

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

Deductible options of \$1,000, \$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

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

Child-only coverage available

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

	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%
Coinsurance 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
Inpatient Hospital Benefits	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible and 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			
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			
Network	No network -all access			
Out-of-Network Coverage	Yes			
Benefit Rules & Limitations	† Family out-of-pocket limit is three times the individual maximum. * 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. ‡ Semi-professional, professional, non-recreation and hazardous sports are excluded See Plan Details for additional limitations and exclusions.			



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.

Outpatient prescription drugs, medications, vitamins, and supplements including pre-natal vitamins, or any over-the-counter medicines, whether or not ordered by a doctor. For Standard and Deluxe plans, 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.

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;
- 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 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, 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), a non-profit, 501(c)(5) 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