

Short Term Medical

Short term, limited-duration insurance.

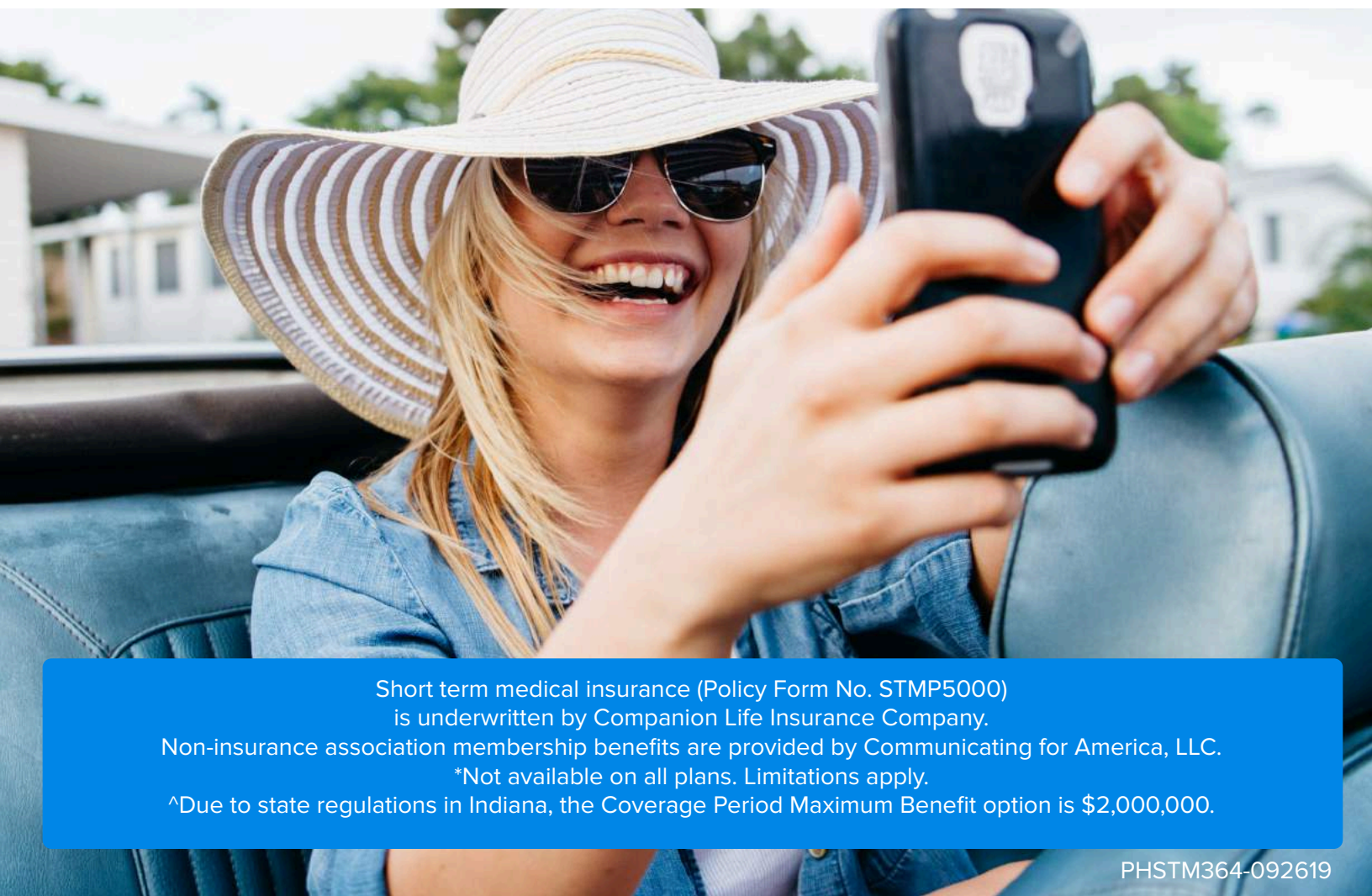
Insurance Benefits Highlights

- ✓ Includes doctor visit copays*
- ✓ Prescription coverage*
- ✓ Up to \$1 million of maximum coverage^

Presented by Dan Neils
Agape Insurance

Apply at:

https://www.pivotohealth.com/product/short-term-health-insurance/agent_id=67934&utm_source=67934&utm_medium=InsuranceServicesUSA&utm_campaign=agents



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.

^Due to state regulations in Indiana, the Coverage Period Maximum Benefit option is \$2,000,000.

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 30-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

Disclosures

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.**

[^]Due to state regulations in Indiana, the Coverage Period Maximum Benefit option is \$2,000,000.

Short term medical plans (1/2)

	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 or \$1,000,000 [^]	\$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

[†] Family out-of-pocket limit is three times the individual maximum.

[^] Due to state regulations in Indiana, the Coverage Period Maximum 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.

** 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.

Benefits are subject to deductible and coinsurance, then applicable benefits begin.

	All Plans
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	† Semi-professional, professional, non-recreation and hazardous sports are excluded See Plan Details for additional limitations and exclusions.

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

Companion Life Insurance Company, located in Columbia, S.C., has specialized in insurance benefits for more than 40 years.

About Companion Life Insurance Company.

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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.

Qualifying Questions for **Pivot Health** Updated 12/23/19

INTRODUCTION:

You can enroll in the Pivot Health plan if you have not been insured with Pivot Health in the past 60 days and **you must answer NO to the 6 underwriting questions below**. If you need to cancel your coverage early, please call Customer Service.

1. Will any applicant have other health insurance in force on the policy effective date or be eligible for Medicaid?

2. Have/Are you, or any applicant:

- Been denied insurance due to any health reasons for a condition that is still present? (Not applicable in MO)
- Now pregnant, in process of adoption or undergoing infertility treatment?
- Over 300 pounds if male or over 250 pounds if female?
- Been advised by a medical professional to have diagnostic testing, treatment, surgery that has not yet been completed?

3. Within the last 5 years has any applicant had a diagnosis, symptoms, an abnormal test result or received treatment, medication or consultation for:

- cancer or malignant melanoma;
- atrial fibrillation or abnormal heart rhythm, heart disorders, angina, heart attack or heart failure;
- stroke;
- uncontrolled hypertension;
- diabetes except gestational;
- hepatitis C or liver or kidney disorders;
- organ transplant;
- chronic obstructive pulmonary disease (COPD) or emphysema;
- rheumatoid arthritis or degenerative disk disease;
- hemophilia, leukemia or blood disorders;
- muscular dystrophy or multiple sclerosis;
- alcohol or drug abuse or misuse;
- bipolar, schizophrenia;
- or eating disorders?

4. **Within the last 5 years** has any applicant been diagnosed or treated by a physician or medical practitioner for Acquired Immune Deficiency Syndrome (AIDS) or tested positive for Human Immunodeficiency Virus (HIV)?

5. **If all persons to be insured are United States citizens**, please answer “No” to this question. If any person to be insured is not a United States citizen, has that person resided outside the United States at any time during the prior 12 months?

6. Has any person applying for coverage been covered for 90 days under a nonrenewable Short Term Medical policy during the past 60 days by Companion Life Insurance Company?
(Answer no if you were under a STM plan with a different company).

PRE-PAYMENT DISCOUNT:

After answering NO to these 6 questions you proceed to a payment page. On this page checked is the ‘monthly’ payment option. There also is a ‘pre-pay’ tab that allows you to pay for all 3 months, and saves you about **25%**.

The rub is you cannot cancel and get a refund if you choose this option. Under the monthly option you can cancel upon request during that 3 month period of your situation changes.