

2020 NRIC EPIC STM PPO Eligible Dependent & Re-apply Rules & State Mandate Summary

Click on the state on this cover page to go directly to that state on the state chart.
Click on the state name at the top of any state chart page to return to this cover page.

[ALABAMA](#)
[ARKANSAS](#)
[ARIZONA](#)
[FLORIDA](#)
[GEORGIA](#)
[IDAHO](#)
[ILLINOIS](#)
[INDIANA](#)
[IOWA](#)
[KANSAS](#)
[KENTUCKY](#)
[LOUISIANA](#)
[MICHIGAN](#)
[MISSISSIPPI](#)
[MISSOURI](#)
[MONTANA](#)
[NEBRASKA](#)
[NEVADA](#)
[NORTH CAROLINA](#)
[NORTH DAKOTA](#)
[OHIO](#)
[OKLAHOMA](#)
[PENNSYLVANIA](#)
[SOUTH CAROLINA](#)
[TENNESSEE](#)
[TEXAS](#)
[VIRGINIA](#)
[WEST VIRGINIA](#)
[WISCONSIN](#)

For agent use only. Not for distribution.

The information contained in this document is a brief summary of state variations and is NOT for quoting purposes.

The content contained in this document does not represent actual claims distribution or serve as a substitute for the certificate of insurance.

Review all plan documents and amendments for full verification of benefits.

If there are any discrepancies between this handout and the certificate document(s), the certificate document(s) shall prevail.

2020 NRIC EPIC STM State Rules & Mandate Summary – ALABAMA (Group)

Dependent Elig & Re-Apply Rules or State Mandate	Review Source for Details	Details	Deductible Applies	Coinsurance Applies
Dependent Eligibility Rules	Certificate	<p><i>Dependent</i> means any of the following whose coverage under the Policy has become effective and has not ended:</p> <ol style="list-style-type: none"> 1. The Insured's lawful Spouse or 2. The unmarried child or children of the Insured or the Insured's Spouse who are under 26 years of age. <p>Dependent includes a step-child, foster child, legally adopted child, child for whom the Insured is a party to a suit for adoption, child who has been placed in the Insured's home for adoption and a child or grandchild under the Insured's legal guardianship if such child depends primarily on the Insured for support. Dependent will also include a child whom the Insured is legally required to support due to court order or divorce decree.</p>	n/a	n/a
Reapply Question	n/a	<ul style="list-style-type: none"> • n/a 	n/a	n/a
Claims Time of Payment	Issue Instructions & Certificate	<ul style="list-style-type: none"> • Time of Payment of Claims provision – added - 1.5% per month prorated daily which shall accrue from the date the payment was overdue and which shall be payable at the time the claim is paid. 	n/a	n/a
Legal Actions	Issue Instructions & Certificate	<ul style="list-style-type: none"> • Legal Actions – “3 years” replaced with “6 years” 	n/a	n/a

ALABAMA / PAGE 1 of 1 (Last Updated 6/10/20)

For agent use only. Not for distribution.

The information contained in this document is a brief summary of state variations and is NOT for quoting purposes. The content contained in this document does not represent actual claims distribution or serve as a substitute for the certificate of insurance.

Review all plan documents and amendments for full verification of benefits.

If there are any discrepancies between this handout and the certificate document(s), the certificate document(s) shall prevail.

2020 NRIC EPIC STM State Rules & Mandate Summary – ARKANSAS(Group)

Dependent Elig & Re-Apply Rules or State Mandate	Review Source for Details	Details	Deductible Applies	Coinsurance Applies
Dependent Eligibility Rules	Certificate	<p><i>Dependent</i> means any of the following whose coverage under the Policy has become effective and has not ended:</p> <ol style="list-style-type: none"> 1. The Insured's lawful Spouse or 2. The unmarried child or children of the Insured or the Insured's Spouse who are under 26 years of age. <p>Dependent includes a step-child, foster child, legally adopted child, child for whom the Insured is a party to a suit for adoption, child who has been placed in the Insured's home for adoption and a child or grandchild under the Insured's legal guardianship if such child depends primarily on the Insured for support. Dependent will also include a child whom the Insured is legally required to support due to court order or divorce decree.</p>	n/a	n/a
Reapply Question	n/a	<ul style="list-style-type: none"> • n/a 	n/a	n/a
Special State Requirements	n/a	<ul style="list-style-type: none"> • None 	n/a	n/a

ARKANSAS / PAGE 1 of 1 (Last Updated 6/10/20)

For agent use only. Not for distribution.

The information contained in this document is a brief summary of state variations and is NOT for quoting purposes. The content contained in this document does not represent actual claims distribution or serve as a substitute for the certificate of insurance. Review all plan documents and amendments for full verification of benefits.

If there are any discrepancies between this handout and the certificate document(s), the certificate document(s) shall prevail.

2020 NRIC EPIC STM State Rules & Mandate Summary – ARIZONA (Group)

Dependent Elig & Re-Apply Rules or State Mandate	Review Source for Details	Details	Deductible Applies	Coinsurance Applies
Dependent Eligibility Rules	Certificate	<p><i>Dependent</i> means any of the following whose coverage under the Policy has become effective and has not ended:</p> <ol style="list-style-type: none"> 1. The Insured's lawful Spouse or 2. The unmarried child or children of the Insured or the Insured's Spouse who are under 26 years of age. <p>Dependent includes a step-child, foster child, legally adopted child, child for whom the Insured is a party to a suit for adoption, child who has been placed in the Insured's home for adoption and a child or grandchild under the Insured's legal guardianship if such child depends primarily on the Insured for support. Dependent will also include a child whom the Insured is legally required to support due to court order or divorce decree.</p>	n/a	n/a
Reapply Question	n/a	<ul style="list-style-type: none"> • n/a 	n/a	n/a
Special State Requirements	n/a	<ul style="list-style-type: none"> • None 	n/a	n/a

ARIZONA / PAGE 1 of 1 (Last Updated 6/10/20)

For agent use only. Not for distribution.

The information contained in this document is a brief summary of state variations and is NOT for quoting purposes. The content contained in this document does not represent actual claims distribution or serve as a substitute for the certificate of insurance.

Review all plan documents and amendments for full verification of benefits.

If there are any discrepancies between this handout and the certificate document(s), the certificate document(s) shall prevail.

2020 NRIC EPIC STM State Rules & Mandate Summary – FLORIDA (Group)

Dependent Elig & Re-Apply Rules or State Mandate	Review Source for Details	Details	Deductible Applies	Coinsurance Applies
Dependent Eligibility Rules	Certificate	<p><i>Dependent</i> means any of the following whose coverage under the Policy has become effective and has not ended:</p> <ol style="list-style-type: none"> 1. The Insured's lawful Spouse or 2. The unmarried child or children of the Insured or the Insured's Spouse who are under 26 years of age. <p>Dependent includes a step-child, foster child, legally adopted child, child for whom the Insured is a party to a suit for adoption, child who has been placed in the Insured's home for adoption and a child or grandchild under the Insured's legal guardianship if such child depends primarily on the Insured for support. Dependent will also include a child whom the Insured is legally required to support due to court order or divorce decree.</p>	n/a	n/a
Reapply Question	n/a	<ul style="list-style-type: none"> • n/a 	n/a	n/a
Child's Health Supervision Services	Issue Instructions & Certificate	<ul style="list-style-type: none"> • Routine child care from birth to age 18, not subject to deductible. 	No	Yes
Cleft Lip / Palate	Issue Instructions & Certificate	<ul style="list-style-type: none"> • Services for child under age 18 are covered. 	Yes	Yes
Dental Anesthesia	Issue Instructions & Certificate	<ul style="list-style-type: none"> • For children under 8 who have developmental disability; or any person who would have significant or under medical risk. 	Yes	Yes
Extension of Benefits	Issue Instructions & Certificate	<ul style="list-style-type: none"> • Extension of benefits if a person is totally disabled. • Extension ends on the date the total disability ends; 90 days following the date the covered person's coverage is discontinued; and the date the overall maximum benefit has been reached. 	n/a	n/a

FLORIDA / PAGE 1 of 2 (Last Updated 6/10/20)

For agent use only. Not for distribution.

The information contained in this document is a brief summary of state variations and is NOT for quoting purposes.

The content contained in this document does not represent actual claims distribution or serve as a substitute for the certificate of insurance.

Review all plan documents and amendments for full verification of benefits.

If there are any discrepancies between this handout and the certificate document(s), the certificate document(s) shall prevail.

Dependent Elig & Re-Apply Rules	Review Source for Details	Details	Deductible Applies	Coinsurance Applies
---------------------------------	---------------------------	---------	--------------------	---------------------

or State Mandate				
Jaw & Facial Region	Issue Instructions & Certificate	<ul style="list-style-type: none"> Bones or Joints of the Jaw and Facial Region to treat conditions caused by congenital or developmental deformity, disease or injury. Cannot exclude TMJ. 	Yes	Yes
Mammography	Issue Instructions & Certificate	<ul style="list-style-type: none"> One baseline 35-39 years; every two years ages 40-49; annually 50+ years old or more often on Drs. recommendation; and for those at risk in certain situations. No Copay or Deductibles will apply to a screening mammogram; and no Deductibles will apply to a breast ultrasound. 	No	Yes
Mastectomy & Surgery Following Mastectomy	Issue Instructions & Certificate	<ul style="list-style-type: none"> Expenses include reconstruction of the breast upon which the mastectomy has been performed; surgery and reconstruction of the other breast to produce a symmetrical appearance; and prostheses and treatment for physical complications, including lymphedemas, at all stages of mastectomy. outpatient post-surgical mastectomy care in any of the following settings: hospital; doctor's office; outpatient center or insured's home. 	Yes	Yes
Newborn Child Coverage	Issue Instructions & Certificate	<ul style="list-style-type: none"> Newborn child of a covered Dependent child is automatically covered from the moment of birth and coverage will remain in force for 90 days. Coverage includes birth abnormalities. The transportation costs of the newborn child to and from the nearest facility staffed and equipped to treat newborn condition up to \$1,000. Newborn child of a dependent is covered for 18 months. 	Yes	Yes
Osteoporosis	Issue Instructions & Certificate	<ul style="list-style-type: none"> Covered for insureds who have primary hyperparathyroidism; or a family history of osteoporosis. 	Yes	Yes
Pre-Existing Condition Definition	Issue Instructions & Certificate	<ul style="list-style-type: none"> Routine follow up care to see if breast cancer returned does not constitute medical advice or treatment in determining a pre-existing condition unless breast cancer is found during the follow-up. 	n/a	n/a

FLORIDA / PAGE 2 of 2 (Last Updated 6/10/20)

For agent use only. Not for distribution.

The information contained in this document is a brief summary of state variations and is NOT for quoting purposes. The content contained in this document does not represent actual claims distribution or serve as a substitute for the certificate of insurance. Review all plan documents and amendments for full verification of benefits.

If there are any discrepancies between this handout and the certificate document(s), the certificate document(s) shall prevail.

2020 NRIC EPIC STM State Rules & Mandate Summary – [GEORGIA](#) (Group)

Dependent Elig & Re-Apply Rules or State Mandate	Review Source for Details	Details	Deductible Applies	Coinsurance Applies
Dependent Eligibility Rules	Certificate	<p><i>Dependent</i> means any of the following whose coverage under the Policy has become effective and has not ended:</p> <ol style="list-style-type: none"> 1. The Insured's lawful Spouse or 2. The unmarried child or children of the Insured or the Insured's Spouse who are under 26 years of age. <p>Dependent includes a step-child, foster child, legally adopted child, child for whom the Insured is a party to a suit for adoption, child who has been placed in the Insured's home for adoption and a child or grandchild under the Insured's legal guardianship if such child depends primarily on the Insured for support. Dependent will also include a child whom the Insured is legally required to support due to court order or divorce decree.</p>	n/a	n/a
Reapply Question	n/a	<ul style="list-style-type: none"> • n/a 	n/a	n/a
Musculoskeletal Disorders	Issue Instructions	<ul style="list-style-type: none"> • Medical treatment of musculoskeletal disorders exclusion removed. 	Yes	Yes
Pap Smears	Issue Instructions & Certificate	<ul style="list-style-type: none"> • Annually or more often if recommended by a Doctor up to \$50 per examination 	Yes	Yes
TMJ	Issue Instructions & Certificate	<ul style="list-style-type: none"> • For the nonsurgical treatment of Temporomandibular Joint Dysfunction limited to history and examination; radiographs, which must be diagnostic for Temporomandibular Joint Dysfunction; splint therapy with necessary adjustments; and diagnostic or therapeutic masticatory muscle and temporomandibular joint injections. 	Yes	Yes

GEORGIA / PAGE 1 of 1 (Last Updated 6/10/20)

For agent use only. Not for distribution.

The information contained in this document is a brief summary of state variations and is NOT for quoting purposes. The content contained in this document does not represent actual claims distribution or serve as a substitute for the certificate of insurance.

Review all plan documents and amendments for full verification of benefits.

If there are any discrepancies between this handout and the certificate document(s), the certificate document(s) shall prevail.

2020 NRIC EPIC STM State Rules & Mandate Summary – IDAHO (Group)

Dependent Elig & Re-Apply Rules or State Mandate	Review Source for Details	Details	Deductible Applies	Coinsurance Applies
Dependent Eligibility Rules	Certificate	<p><i>Dependent</i> means any of the following whose coverage under this Policy has become effective and has not ended:</p> <ol style="list-style-type: none"> 1. The Insured's lawful Spouse or 2. The unmarried child or children of the Insured or the Insured's Spouse who are under 26 years of age. <p>Dependent includes a step-child, foster child, legally adopted child, child for whom the Insured is a party to a suit for adoption, child who has been placed in the Insured's home for adoption and a child or grandchild under the Insured's legal guardianship if such child depends primarily on the Insured for support. Dependent will also include a child whom the Insured is legally required to support due to court order or divorce decree.</p> <p>Coverage of an unmarried Dependent who is incapable of sustaining employment by reason of intellectual and developmental disability or physical disability, who became so incapacitated prior to the attainment of 26 years of age and who is chiefly dependent upon the Insured for support and maintenance shall continue so long as the coverage of the Insured remains in force and so long as the Dependent remains in such condition. At Our request and expense, the Insured must furnish proof of the incapacity or dependency to Us. If the incapacity or dependency is thereafter removed or terminated, the Covered Person must notify Us.</p>	n/a	n/a
Reapply Question	n/a	<p>Has any person applying for coverage been covered under a nonrenewable Short Term Medical policy during the past 63 days? If Yes, then: You must wait 63 days from the termination date of your last such policy before you can apply for a new Short Term Medical policy.</p>	n/a	n/a

IDAHO / PAGE 1 of 3 (Last Updated 04.27.21)

For agent use only. Not for distribution.

The information contained in this document is a brief summary of state variations and is NOT for quoting purposes. The content contained in this document does not represent actual claims distribution or serve as a substitute for the certificate of insurance.

Review all plan documents and amendments for full verification of benefits.

If there are any discrepancies between this handout and the certificate document(s), the certificate document(s) shall prevail.

Dependent Elig & Re-Apply Rules or State Mandate	Review Source for Details	Details	Deductible Applies	Coinsurance Applies
Complications of Pregnancy	Issue Instructions & Certificate	<ul style="list-style-type: none"> ● Definition revised: <i>Complications of Pregnancy</i> means: <ol style="list-style-type: none"> 1. Conditions requiring Hospital Confinement (when the pregnancy is not terminated), whose diagnoses are distinct from pregnancy but are adversely affected by pregnancy or are caused by pregnancy, such as acute nephritis, nephrosis, cardiac decompensation, missed abortion and similar medical and surgical conditions of comparable severity; but, shall not include false labor, occasional spotting, Doctor prescribed rest during the period of pregnancy, morning sickness, hyperemesis gravidarum, preeclampsia and similar conditions associated with the management of a difficult pregnancy not constituting a nosologically distinct complication of pregnancy; and 2. Cesarean section delivery, ectopic pregnancy which is terminated, spontaneous termination of pregnancy which occurs during a period of gestation in which a viable birth is not possible, puerperal infection, eclampsia and toxemia. ● 	n/a	n/a
Congenital Anomaly	Issue Instructions & Certificate	<ul style="list-style-type: none"> ● <i>Congenital Anomaly</i> means a condition existing at or from birth that is a significant deviation from the common form or function of the body, whether caused by a hereditary or developmental defect or disease. A significant deviation is a deviation which impairs the function of the body and includes but is not limited to the conditions of cleft lip, cleft palate, webbed fingers or toes, sixth toes or fingers, or defects of metabolism and other conditions that are medically diagnosed to be congenital anomalies. 	n/a	n/a
Custodial or Convalescent Care	Issue Instructions & Certificate	<ul style="list-style-type: none"> ● Definition revised: <i>Custodial or Convalescent Care</i> means any care that is provided to a Covered Person who is disabled and is not under active and specific medical, surgical, or psychiatric treatment that will reduce the disability. 	n/a	n/a
Definitions Deleted	Issue Instructions	<ul style="list-style-type: none"> ● The following definitions were deleted: <ul style="list-style-type: none"> ● Activities of Daily Living ● Civil Union Partner ● Initial Coverage Period 	n/a	n/a

IDAHO / PAGE 2 of 3 (Last Updated 04.27.21)

For agent use only. Not for distribution.

The information contained in this document is a brief summary of state variations and is NOT for quoting purposes. The content contained in this document does not represent actual claims distribution or serve as a substitute for the certificate of insurance.

Review all plan documents and amendments for full verification of benefits.

If there are any discrepancies between this handout and the certificate document(s), the certificate document(s) shall prevail.

Dependent Elig & Re-Apply Rules or State Mandate	Review Source for Details	Details	Deductible Applies	Coinsurance Applies
Eligibility and Effective Date (Section 2)	Issue Instructions & Certificate	<ul style="list-style-type: none"> Under Section 2, Eligibility and Effective Date, the Newborn Children, Adopted Children and Court Ordered Custody provisions were revised. 	n/a	n/a
Exclusions and Limitations	Issue Instructions & Certificate	<ul style="list-style-type: none"> The Exclusions and Limitations section was revised to include only those allowed in Idaho 	n/a	n/a
Hospital	Issue Instructions & Certificate	<ul style="list-style-type: none"> Definition revised: A <i>Hospital</i> means a short-term, acute general hospital that: Is primarily and continuously engaged in providing or operating, either on its premises or in facilities available to the Hospital on a prearranged basis and under the supervision of a staff of licensed Doctors, medical, diagnostic and major surgical facilities for the medical care of injured or sick persons on an Inpatient basis for which a charge is made; 	n/a	n/a
Premiums	Issue Instructions & Certificate	<ul style="list-style-type: none"> Under Premiums, Refund of Unearned Collected Premium was added. 	n/a	n/a
Spouse	Issue Instructions & Certificate	<ul style="list-style-type: none"> Definition revised: <i>Spouse</i> means the Insured's lawful Spouse, if not legally separated or divorced. 	n/a	n/a
Termination	Issue Instructions & Certificate	<ul style="list-style-type: none"> Under Termination, the Renewability provision was deleted, and the No Continuous Coverage provision was revised 	n/a	n/a

IDAHO / PAGE 3 of 3 (Last Updated 04.27.21)

For agent use only. Not for distribution.

The information contained in this document is a brief summary of state variations and is NOT for quoting purposes. The content contained in this document does not represent actual claims distribution or serve as a substitute for the certificate of insurance. Review all plan documents and amendments for full verification of benefits. If there are any discrepancies between this handout and the certificate document(s), the certificate document(s) shall prevail.

2020 NRIC EPIC STM State Rules & Mandate Summary – ILLINOIS (Group)

Dependent Elig & Re-Apply Rules or State Mandate	Review Source for Details	Details	Deductible Applies	Coinsurance Applies
Dependent Eligibility Rules	Certificate	<p><i>Dependent</i> means any of the following whose coverage under the Policy has become effective and has not ended:</p> <ol style="list-style-type: none"> 1. The Insured's lawful Spouse; 2. The unmarried child or children of the Insured or the Insured's Spouse who are under 26 years of age; or 3. A military veteran under 30 years of age, if an Illinois resident, not married, has served in the active or a reserve component of the United States Armed Forces (including the National Guard) and has received a release or discharge other than dishonorable. <p>Dependent includes a step-child, foster child, legally adopted child, child for whom the Insured is a party to a suit for adoption, child who has been placed in the Insured's home for adoption and a child or grandchild under the Insured's legal guardianship if such child depends primarily on the Insured for support. Dependent will also include a child whom the Insured is legally required to support due to court order or divorce decree.</p> <ul style="list-style-type: none"> • Dependent Acquired After Effective Date was revised to include "Civil Union Partner". 	n/a	n/a
Reapply Question	n/a	<p>Has any person applying for coverage been covered under a nonrenewable Short Term Medical policy issued by North River Insurance Company during the past 60 days?</p> <p>If Yes, then: You must wait 60 days from the termination date of your last such policy issued by North River Insurance Company before you can apply for a new Short Term Medical policy.</p>	n/a	n/a

ILLINOIS / PAGE 1 of 2 (Last Updated 10/20/20)

For agent use only. Not for distribution.

The information contained in this document is a brief summary of state variations and is NOT for quoting purposes.

The content contained in this document does not represent actual claims distribution or serve as a substitute for the certificate of insurance.

Review all plan documents and amendments for full verification of benefits.

If there are any discrepancies between this handout and the certificate document(s), the certificate document(s) shall prevail.

Dependent Elig & Re-Apply Rules or State Mandate	Review Source for Details	Details	Deductible Applies	Coinsurance Applies
--	---------------------------	---------	--------------------	---------------------

Adopted Children	Issue Instructions & Certificate	Coverage of an adopted child or a child who is in the custody of the Insured pursuant to an interim court order of adoption or placement for adoption, whichever comes first, vesting temporary custody of the child in the Insured regardless of whether a final order granting adoption is ultimately issued, will be automatic for the first 60 days following the adoption, date of the interim court order or date on which the child is placed for adoption. For coverage to continue beyond this time, We must receive notice and the required premium within the 60-day period. Coverage will become effective on the earlier of the date of adoption, date of the interim court order, or date on which the child is placed for adoption. Coverage will terminate for any child being adopted on the earlier of: <ul style="list-style-type: none"> • The date the adoption is disapproved; or • The date the child is removed from Your custody. 	n/a	n/a
Definitions Revised	Issue Instructions & Certificate	<ul style="list-style-type: none"> • Accident/Accidental • Civil Union Partner • Dependent • Domestic Partner • Immediate Family • Injury • Provider 	n/a	n/a
Termination Provision	Issue Instructions & Certificate	<ul style="list-style-type: none"> • All references to Spouse were revised to include "Civil Union Partner". • This Certificate provides coverage for a short term limited duration only. It is not renewable. 	n/a	n/a
Time of Payment Provision	Issue Instructions & Certificate	<ul style="list-style-type: none"> • Claims will be paid within 30 days following receipt of due proof of loss. Failure to pay within 30 days entitles the Insured to interest at the rate of 9 per cent per annum from the 30th day after receipt of proof of loss to the date of late payment, provided that interest amounting to less than one dollar will not be paid. 	n/a	n/a

ILLINOIS / PAGE 2 of 2 (Last Updated 10/20/20)

For agent use only. Not for distribution.

The information contained in this document is a brief summary of state variations and is NOT for quoting purposes.

The content contained in this document does not represent actual claims distribution or serve as a substitute for the certificate of insurance.

Review all plan documents and amendments for full verification of benefits.

If there are any discrepancies between this handout and the certificate document(s), the certificate document(s) shall prevail.

2020 NRIC EPIC STM State Rules & Mandate Summary - [INDIANA](#)

Dependent Elig & Re-Apply Rules or State Mandate	Review Source for Details	Details	Deductible Applies	Coinsurance Applies

Dependent Eligibility Rules	Certificate	<p><i>Dependent</i> means any of the following whose coverage under the Policy has become effective and has not ended:</p> <ol style="list-style-type: none"> 1. The Insured's lawful Spouse or 2. The child or children of the Insured or the Insured's Spouse who are under 26 years of age. <p>Dependent includes a step-child, a child subject to legal guardianship or grandchild, foster child, legally adopted child, child for whom the Insured is a party to a suit for adoption, and a child who has been placed in the Insured's home for adoption. Dependent will also include a child whom the Insured is legally required to support due to court order or divorce decree.</p>	n/a	n/a
Reapply Question	n/a	<ul style="list-style-type: none"> • n/a 	n/a	n/a
Accident	Issue Instructions & Certificate	<ul style="list-style-type: none"> • Definition of Accident revised to remove first manifest language 	n/a	n/a
Adopted Child	Issue Instructions & Certificate	<ul style="list-style-type: none"> • The reference to "earlier of" has been added to the Adopted Child provision. 	n/a	n/a
Claims Payment	Issue Instructions & Certificate	<ul style="list-style-type: none"> • Payment of Claims – up to \$5,000 can be paid to relative justly entitled. 	n/a	n/a
Dependent	Issue Instructions & Certificate	<ul style="list-style-type: none"> • Dependent not required to be unmarried, and children subject to guardianship or grandchildren are covered regardless if primarily depending on Insured for support. 	n/a	n/a

INDIANA / PAGE 1 of 2 (Last Updated 7/08/20)

For agent use only. Not for distribution.

The information contained in this document is a brief summary of state variations and is NOT for quoting purposes.

The content contained in this document does not represent actual claims distribution or serve as a substitute for the certificate of insurance.

Review all plan documents and amendments for full verification of benefits.

If there are any discrepancies between this handout and the certificate document(s), the certificate document(s) shall prevail.

Dependent Elig & Re-Apply Rules or State Mandate	Review Source for Details	Details	Deductible Applies	Coinsurance Applies
Enrollment Form	Issue Instructions	<ul style="list-style-type: none"> • Must be a diagnosis or test result, cannot ask about symptoms on the application. • Added the following disclosures: I/we understand the following: 	n/a	n/a

		<ol style="list-style-type: none"> 1. The short-term insurance plan does not include coverage for the ten (10) essential health benefits required under PPACA. 2. The short-term insurance plan does not provide the coverage that is required under PPACA. 3. Enrollment in health coverage that provides the coverage that is required under PPACA may be done during the next PPACA open enrollment period. 4. The dates of the next PPACA open enrollment period during which the applicant may enroll in coverage: [XX/XX/XXXX – XX/XX/XXXX]. 		
Intoxication	Issue Instructions & Certificate	<ul style="list-style-type: none"> • Removed intoxication exclusion. 	n/a	n/a
Sickness Definition	Issue Instructions & Certificate	<ul style="list-style-type: none"> • “Is treated by a Doctor while the Covered Person is covered under the Policy” has been removed from the definition of Sickness. 	n/a	n/a

INDIANA / PAGE 2 of 2 (Last Updated 7/08/20)

For agent use only. Not for distribution.

The information contained in this document is a brief summary of state variations and is NOT for quoting purposes. The content contained in this document does not represent actual claims distribution or serve as a substitute for the certificate of insurance. Review all plan documents and amendments for full verification of benefits.

If there are any discrepancies between this handout and the certificate document(s), the certificate document(s) shall prevail.

2020 NRIC EPIC STM State Rules & Mandate Summary – IOWA (Group)

Dependent Elig & Re-Apply Rules or State Mandate	Review Source for Details	Details	Deductible Applies	Coinsurance Applies
Dependent Eligibility Rules	Certificate	<p><i>Dependent</i> means any of the following whose coverage under the Policy has become effective and has not ended:</p> <ol style="list-style-type: none"> 1. The Insured's lawful Spouse; 2. The unmarried child or children of the Insured or the Insured's Spouse who are under 26 years of age; or 3. An unmarried child of the Insured or the Insured's Spouse who maintains full-time status as a student in an accredited institution of postsecondary education. <p>Dependent includes a step-child, foster child, legally adopted child, child for whom the Insured is a party to a suit for adoption, child who has been placed in the Insured's home for adoption and a child or grandchild under the Insured's legal guardianship if such child depends primarily on the Insured for support. Dependent will also include a child whom the Insured is legally required to support due to court order or divorce decree.</p> <p>Coverage of an unmarried Dependent who is incapable of sustaining employment by reason of intellectual and developmental disability or physical disability, who became so incapacitated prior to the attainment of 26 years of age and who is chiefly dependent upon the Insured for support and maintenance shall continue so long as the coverage of the Insured remains in force and so long as the Dependent remains in such condition. At Our request and expense, the Insured must furnish proof of the incapacity or dependency to Us. If the incapacity or dependency is thereafter removed or terminated, the Covered Person must notify Us.</p>	n/a	n/a
Reapply Question	n/a	n/a	n/a	n/a

IOWA / PAGE 1 of 5 (Last Updated on 8/20/21)

For agent use only. Not for distribution.

The information contained in this document is a brief summary of state variations and is NOT for quoting purposes. The content contained in this document does not represent actual claims distribution or serve as a substitute for the certificate of insurance.

Review all plan documents and amendments for full verification of benefits.

If there are any discrepancies between this handout and the certificate document(s), the certificate document(s) shall prevail.

Dependent Elig & Re-Apply Rules or State Mandate	Review Source for Details	Details	Deductible Applies	Coinsurance Applies
10 Day Right to Certificate	Issue Instructions & Certificate	<ul style="list-style-type: none"> All fees must be refunded if 10-Day Right to Certificate is used. 	n/a	n/a
Autism Spectrum Disorder	Issue Instructions & Certificate	<ul style="list-style-type: none"> Autism Spectrum Disorder benefit revised to remove reference to separate limit for Applied Behavioral Analysis. Benefit added for Mental Illnesses and Substance Use Disorders (must be included in RBP with limits). 	Yes	Yes
Coinsurance Out-of-Pocket Maximum for PPO Plan	Issue Instructions	<ul style="list-style-type: none"> Coinsurance Out-of-Pocket Maximum for PPO Plan revised as follows. <ul style="list-style-type: none"> PPO In-Network Per Covered Person per Coverage Period is maximum of \$10,000 PPO – Out-of-Network Per Covered Person per Coverage Period is maximum of \$13,300 PPO In-Network Per Family per Coverage Period is maximum of \$30,000 PPO Out-of-Network Per Family per Coverage Period is maximum of \$30,000, Afterwards 100% of Eligible Expenses up to the Overall Maximum Benefit 	n/a	n/a
Deductible Amounts	Issue Instructions	<ul style="list-style-type: none"> Deductible Amounts revised as follows: <ul style="list-style-type: none"> RBP Per Covered Person per Coverage Period is maximum of \$10,000, RBP Family per Coverage Period is maximum of \$20,000 PPO In-Network Covered Person per Coverage Period is maximum of \$10,000 PPO Out-of Network Covered Person per Coverage Period is maximum of \$13,300 PPO In-Network Family per Coverage Period is maximum of \$20,000 PPO Out-of-Network Family per Coverage Period is maximum of \$26,000 	n/a	n/a

IOWA / PAGE 2 of 5 (Last Updated on 8/20/21)

For agent use only. Not for distribution.

The information contained in this document is a brief summary of state variations and is NOT for quoting purposes. The content contained in this document does not represent actual claims distribution or serve as a substitute for the certificate of insurance.

Review all plan documents and amendments for full verification of benefits.

If there are any discrepancies between this handout and the certificate document(s), the certificate document(s) shall prevail.

Dependent Elig & Re-Apply Rules or State Mandate	Review Source for Details	Details	Deductible Applies	Coinsurance Applies
Dollar Limits Removed	Issue Instructions	<ul style="list-style-type: none"> Removed individual service limit dollar amounts for following benefits: Hospital Confinement, Hospital Intensive Care Unit Confinement, Doctor's Hospital Visit, Surgeon, Assistant Surgeon, Anesthesia, Emergency Room, Ambulance, Doctor's Office Visit, Outpatient Surgical Facility, Urgent Care Facility, Skilled Nursing Care Facility, Physical Therapy, Speech Therapy and Occupational Therapy, Durable Medical Equipment, Applied Behavioral Analysis, Mental Illness and Substance Use Disorder, Hospice, Joint, Neck and Spine, Acquired Immune Deficiency Syndrome (AIDS) and Human Immuno-deficiency Virus (HIV). Pre-Existing Condition Partial Benefit Allowance Maximum – Dollar limits removed 	n/a	n/a
Exclusions and Limitations	Issue Instructions	<ul style="list-style-type: none"> Pre-Existing Condition Exclusion revised to 3-12 consecutive months 	n/a	n/a
Expiration Date	Issue Instructions	<ul style="list-style-type: none"> Initial Coverage Period Expiration Date and Renewal Coverage Period Expiration Date added to Schedule of Benefits 	n/a	n/a
Hospital Confinement	Issue Instructions & Certificate	<ul style="list-style-type: none"> Hospital Confinement benefit revised to refer to "registered" nursing services 	n/a	n/a
Mental Illness and Substance Use Disorder	Issue Instructions & Certificate	<ul style="list-style-type: none"> Exclusion for Mental Illness and Substance Use Disorders removed. 	n/a	n/a
Miscellaneous Supplies	Issue Instructions & Certificate	<ul style="list-style-type: none"> Miscellaneous Supplies benefit revised to include splints, trusses, and braces 	Yes	Yes
Organ Transplants	Issue Instructions & Certificate	<ul style="list-style-type: none"> Organ Transplants – removed "Charges are applied toward the maximum transplant benefit for all Eligible Expenses." 	Yes	Yes

IOWA / PAGE 3 of 5 (Last Updated on 8/20/21)

For agent use only. Not for distribution.

The information contained in this document is a brief summary of state variations and is NOT for quoting purposes. The content contained in this document does not represent actual claims distribution or serve as a substitute for the certificate of insurance.

Review all plan documents and amendments for full verification of benefits.

If there are any discrepancies between this handout and the certificate document(s), the certificate document(s) shall prevail.

Dependent Elig & Re-Apply Rules or State Mandate	Review Source for Details	Details	Deductible Applies	Coinsurance Applies
Out of Pocket Maximum Amounts	Issue Instructions	<ul style="list-style-type: none"> • Added Out of Pocket Maximum Amounts to the Schedules and added as follows.: <ul style="list-style-type: none"> • RBP Per Covered Person per Coverage Period is maximum of \$20,000, • RBP Family per Coverage Period is maximum of \$50,000, afterwards 100% of Eligible Expenses up to the Overall Maximum Benefit are covered. • PPO In-Network Per Covered Person per Coverage Period is maximum of \$25,000 • PPO – Out-of-Network Per Covered Person per Coverage Period is maximum of \$33,250 • PPO In-Network Per Family per Coverage Period is maximum of \$50,000 • PPO Out-of-Network Per Family per Coverage Period is maximum of \$66,500, • Afterward 100% of Eligible Expenses up to the Overall Maximum Benefit • If family coverage, the Out of Pocket Maximum for any Covered Person is limited to \$20,000. • Out of Pocket Maximum Definition added. <ul style="list-style-type: none"> • <i>Out of Pocket Maximum</i> means a dollar amount specified in the Schedule of Benefits that represents the maximum amount of Eligible Expenses that must be paid by a Covered Person each Coverage Period. The Out of Pocket Maximum includes all Copayment, Coinsurance and Deductible Amounts not paid under this coverage. The Out of Pocket Maximum is subject to the Overall Maximum Benefit. 	n/a	n/a
Overall Maximum Benefit	Issue Instructions	<ul style="list-style-type: none"> • An AGGREGATE MAXIMUM of not less than \$500,000 for each initial or renewal policy term, individual services, except RX, cannot have annual or lifetime limits on coverage. 	n/a	n/a
Pre-existing Condition	Issue Instructions & Certificate	<ul style="list-style-type: none"> • Pre-Existing Condition Partial Benefit Allowance Maximum – Dollar limits removed 	n/a	n/a

IOWA / PAGE 4 of 5 (Last Updated on 8/20/21)

For agent use only. Not for distribution.

The information contained in this document is a brief summary of state variations and is NOT for quoting purposes. The content contained in this document does not represent actual claims distribution or serve as a substitute for the certificate of insurance.

Review all plan documents and amendments for full verification of benefits.

If there are any discrepancies between this handout and the certificate document(s), the certificate document(s) shall prevail.

Dependent Elig & Re-Apply Rules or State Mandate	Review Source for Details	Details	Deductible Applies	Coinsurance Applies
Preventive Exam	Issue Instructions & Certificate	<ul style="list-style-type: none"> Preventive Examination benefit revised <ul style="list-style-type: none"> After 90 days of coverage hereunder, We will pay Eligible Expenses, as shown on the Schedule of Benefits, for a Preventive Examination performed by a Doctor appropriate for age, risk and sex. In the event that this Benefit duplicates another Benefit payable under the Policy, only the Benefit providing the highest benefit amount will be covered. For the purposes of this Benefit, the following definition applies: Preventive Examination means: <ol style="list-style-type: none"> An annual Routine Physical Exam; Immunizations – not subject to Deductible or Coinsurance An annual pap test. Removed reference to [1-6] month Waiting Period for Preventive Examination on EPIC Base HDHP Plan only 	Yes	Yes
RX Outpatient Coverage	Issue Instructions & Certificate	<ul style="list-style-type: none"> Outpatient Prescription Drug Coverage mandated was revised as follows: <ul style="list-style-type: none"> Out of Pocket Maximum added of \$10,000 per Covered Person per Coverage Year, which does not apply to the Individual or Family Out of Pocket Maximum Deductible of \$500 PPO Non-Preferred Brand Name Drugs: Copay is \$75 then covered at 100% Specialty Drugs – Not Covered 	Yes	Yes
Schedule of Benefits	Issue Instructions	<ul style="list-style-type: none"> Initial Coverage Period Expiration Date and Renewal Coverage Period Expiration Date added to Schedule of Benefits 	n/a	n/a
Telemedicine Benefit	Issue Instructions & Certificate	<ul style="list-style-type: none"> Telemedicine benefit revised to include, “by remote diagnosis and treatment of patients by means of telecommunications technology, where coverage is not provided elsewhere in the Certificate for diagnosis and treatment of Sickness or Injury, diagnostic X-ray, laboratory services, radiation therapy, and hemodialysis ordered by a Doctor.” 	Yes	Yes

IOWA / PAGE 5 of 5 (Last Updated on 08/20/21)

For agent use only. Not for distribution.

The information contained in this document is a brief summary of state variations and is NOT for quoting purposes. The content contained in this document does not represent actual claims distribution or serve as a substitute for the certificate of insurance. Review all plan documents and amendments for full verification of benefits.

If there are any discrepancies between this handout and the certificate document(s), the certificate document(s) shall prevail.

2020 NRIC EPIC STM State Rules & Mandate Summary – KANSAS (Individual)

Dependent Elig & Re-Apply Rules or State Mandate	Review Source for Details	Details	Deductible Applies	Coinsurance Applies
Dependent Eligibility Rules	Certificate	<p><i>Dependent</i> means any of the following whose coverage under this Policy has become effective and has not ended:</p> <ol style="list-style-type: none"> 1. The Insured's lawful Spouse or 2. The unmarried child or children of the Insured or the Insured's Spouse who are under 26 years of age. <p>Dependent includes a step-child, foster child, legally adopted child, child for whom the Insured is a party to a suit for adoption, child who has been placed in the Insured's home for adoption and a child or grandchild under the Insured's legal guardianship if such child depends primarily on the Insured for support. Dependent will also include a child whom the Insured is legally required to support due to court order or divorce decree.</p> <p>Coverage of an unmarried Dependent who is incapable of sustaining employment by reason of intellectual and developmental disability or physical disability, who became so incapacitated prior to the attainment of 26 years of age and who is chiefly dependent upon the Insured for support and maintenance shall continue so long as the coverage of the Insured remains in force and so long as the Dependent remains in such condition. At Our request and expense, the Insured must furnish proof of the incapacity or dependency to Us. If the incapacity or dependency is thereafter removed or terminated, the Covered Person must notify Us.</p>	n/a	n/a
Reapply Question	n/a	<ul style="list-style-type: none"> • n/a 	n/a	n/a
Cancellation by Insured	Issue Instructions & Certificate	<ul style="list-style-type: none"> • The Insured may cancel this Policy at any time by written notice delivered or mailed to Us, effective upon receipt of such notice or on such later date as may be specified in such notice. In the event of cancellation or death of the Insured, We will promptly return the unearned portion of any premium paid on a pro rata basis. Cancellation shall be without prejudice to any claim originating prior to the effective date of cancellation. 	n/a	n/a

KANSAS / PAGE 1 of 4 (Last Updated on 2/24/21)

For agent use only. Not for distribution.

The information contained in this document is a brief summary of state variations and is NOT for quoting purposes. The content contained in this document does not represent actual claims distribution or serve as a substitute for the certificate of insurance.

Review all plan documents and amendments for full verification of benefits.

If there are any discrepancies between this handout and the certificate document(s), the certificate document(s) shall prevail.

Dependent Elig & Re-Apply Rules or State Mandate	Review Source for Details	Details	Deductible Applies	Coinsurance Applies
Doctor Definition	Issue Instructions & Certificate	<ul style="list-style-type: none"> Doctor includes optometrists, dentists, podiatrists, duly certified psychologists, osteopaths, chiropractors, licensed special clinical social workers and advanced practice registered nurses 	n/a	n/a
Incontestability	Issue Instructions & Certificate	<ul style="list-style-type: none"> After 24 months from the date of issue of this Policy, no misstatements, except fraudulent misstatement, made by the Insured in the application for this Policy shall be used to void this Policy or to deny a claim for loss commencing after the expiration of such 24 month period 	n/a	n/a
Legal Actions	Issue Instructions & Certificate	<ul style="list-style-type: none"> No legal action may be brought to recover on this Policy within 60 days after written Proof of Loss has been furnished. No legal action may be brought after five (5) years from the time written Proof of Loss is required to be furnished. 	n/a	n/a
Manipulative Services	Issue Instructions & Certificate	<ul style="list-style-type: none"> Manipulative Services exclusion removed. 	n/a	n/a
Medicaid	Issue Instructions & Certificate	<ul style="list-style-type: none"> Application revised - Removed reference to Medicaid eligibility. 	n/a	n/a
Newborn Adopted Children	Issue Instructions & Certificate	<ul style="list-style-type: none"> In the case of adoption of a newborn Child, coverage will be on the same basis as a newborn Child if a written agreement to adopt such Child has been entered into by You prior to the birth of the Child, whether or not such agreement is enforceable. 	Yes	Yes
Newborn Children	Issue Instructions & Certificate	<ul style="list-style-type: none"> Coverage of newborn children from the moment of birth for injury or sickness including the necessary care and treatment of medically diagnosed congenital defects and birth abnormalities. 	Yes	Yes
Orthopedic Manipulation	Issue Instructions & Certificate	<ul style="list-style-type: none"> Orthopedic Manipulation benefit added. A minimum benefit limit for manipulative therapies of at least \$500.00 per benefit period. 	Yes	Yes

KANSAS / PAGE 2 of 4 (Last Updated on 2/24/21)

For agent use only. Not for distribution.

The information contained in this document is a brief summary of state variations and is NOT for quoting purposes.

The content contained in this document does not represent actual claims distribution or serve as a substitute for the certificate of insurance.

Review all plan documents and amendments for full verification of benefits.

If there are any discrepancies between this handout and the certificate document(s), the certificate document(s) shall prevail.

Dependent Elig & Re-Apply Rules or State Mandate	Review Source for Details	Details	Deductible Applies	Coinsurance Applies
Rescission	Issue Instructions & Certificate	<ul style="list-style-type: none"> If We determine that there was fraud or intentional misrepresentation of a material fact that caused Us to issue this Policy when this Policy would not have been issued had there been no fraud or intentional misrepresentation of a material fact and the fraud or intentional misrepresentation of a material fact actually contributed to the contingency or event on which this Policy is to become due and payable. We may rescind this Policy. If the fraud or intentional misrepresentation of a material fact pertained to the Insured, this Policy may be rescinded for the Insured and all covered Dependents. Rescission causes this Policy to be terminated back to the Effective Date as if the coverage were never issued. Rescission will result in denial of all claims submitted. If rescission occurs, We will refund premiums received (including fees) within a reasonable time of the rescission; however, We will subtract total claim payments for the person whose coverage We rescinded from this premium refund. If We have paid claims in excess of the amount of premium We received for the person whose coverage We rescinded, We have the right to obtain a refund from the Covered Person. 	n/a	n/a
Reinstatement	Issue Instructions & Certificate	<ul style="list-style-type: none"> If the renewal premium is not paid before the Grace Period ends, this Policy will lapse. Later acceptance of the premium by Us, or by an agent authorized to accept payment without requiring an application for reinstatement, will reinstate this Policy. If We or Our agent requires an application, You will be given a conditional receipt for the premium. If the application is approved, this Policy will be reinstated as of the approval date. Lacking such approval, this Policy will be reinstated on the 45th day after the date of the conditional receipt unless We have previously written to You of Our disapproval. The reinstated Policy will cover only loss that results from an Injury sustained after the date of reinstatement or Sickness that starts more than 10 days after such date. In all other respects, Your and Our rights will remain the same, subject to any provisions noted on or attached to the reinstated policy. 	n/a	n/a

KANSAS / PAGE 3 of 4 (Last Updated on 2/24/21)

For agent use only. Not for distribution.

The information contained in this document is a brief summary of state variations and is NOT for quoting purposes. The content contained in this document does not represent actual claims distribution or serve as a substitute for the certificate of insurance.

Review all plan documents and amendments for full verification of benefits.

If there are any discrepancies between this handout and the certificate document(s), the certificate document(s) shall prevail.

Dependent Elig & Re-Apply Rules or State Mandate	Review Source for Details	Details	Deductible Applies	Coinsurance Applies
Subrogation	Issue Instructions & Certificate	<ul style="list-style-type: none"> Subrogation provision removed. 	n/a	n/a
Time of Payment of Claims	Issue Instructions & Certificate	<ul style="list-style-type: none"> Interest paid on claims paid beyond 30 days. If We have not paid the claimant on or before the thirtieth (30th) day from the date of receipt of the claim, We will pay the claimant one percent interest per month on the amount of claim that remains unpaid 30 days after the receipt of claim. 	n/a	n/a
U&C Definition	Issue Instructions & Certificate	<ul style="list-style-type: none"> U&C Definition revised to read, "Usual and Customary Fees means the usual, reasonable and fair fee for medical treatment provided to a Covered Person. In determining a Usual and Customary Fee, the Company may consult one of more industry sources that calculate payable benefits from a statistically valid sample which equitably recognize geographic variations; is produced at least every six months; and is collected on the basis of the most current codes and nomenclature developed and maintained by recognized authorities." 	n/a	n/a
Waiting Period	Issue Instructions & Certificate	<ul style="list-style-type: none"> Waiting period revised, the following requirements were removed from the Waiting Period, "[No benefits are payable for Sicknesses which arise during the first [2 - 3] day[s] following a Covered Person's Effective Date.] [No benefits are payable for Cancer which arises during the first 30 days following a Covered Person's Effective Date.] After the Waiting Period has expired, the condition will be subject to all the terms of this Policy, just like any other condition." 	n/a	n/a
Workers Comp	Issue Instructions & Certificate	<ul style="list-style-type: none"> Workers comp exclusion revised. Expenses related to Injury or Sickness related to a Covered Person's job to the extent the Covered Person is covered or is required to be covered by occupational disease or Workers' Compensation insurance. If the Covered Person enters into a settlement giving up his or her right to recover future medical benefits under occupational disease or Workers' Compensation insurance, those medical benefits that would have been payable in the absence of that settlement are not covered under this Policy. 	n/a	n/a

KANSAS / PAGE 4 of 4 (Last Updated on 2/24/21)

For agent use only. Not for distribution.

The information contained in this document is a brief summary of state variations and is NOT for quoting purposes. The content contained in this document does not represent actual claims distribution or serve as a substitute for the certificate of insurance.

Review all plan documents and amendments for full verification of benefits.

If there are any discrepancies between this handout and the certificate document(s), the certificate document(s) shall prevail.

2020 NRIC EPIC STM State Rules & Mandate Summary – KENTUCKY (Group)

Dependent Elig & Re-Apply Rules or State Mandate	Review Source for Details	Details	Deductible Applies	Coinsurance Applies
Dependent Eligibility Rules	Certificate	<p><i>Dependent</i> means any of the following whose coverage under the Policy has become effective and has not ended:</p> <ol style="list-style-type: none"> 1. The Insured's lawful Spouse or 2. The unmarried child or children of the Insured or the Insured's Spouse who are under 26 years of age. <p>Dependent includes a step-child, a child subject to legal guardianship or grandchild, foster child, legally adopted child, child for whom the Insured is a party to a suit for adoption, and a child who has been placed in the Insured's home for adoption. Dependent will also include a child whom the Insured is legally required to support due to court order or divorce decree. Coverage of an unmarried Dependent who is incapable of sustaining employment by reason of intellectual and developmental disability or physical disability, who became so incapacitated prior to the attainment of 26 years of age and who is chiefly dependent upon the Insured for support and maintenance shall continue so long as the coverage of the Insured remains in force and so long as the Dependent remains in such condition. At Our request and expense, the Insured must furnish proof of the incapacity or dependency to Us. If the incapacity or dependency is thereafter removed or terminated, the Covered Person must notify Us.</p>	n/a	n/a
Reapply Question	n/a	<ul style="list-style-type: none"> • n/a 	n/a	n/a
Administrative Expenses Exclusion	Issue Instructions & Certificate	<ul style="list-style-type: none"> • Removed "but not limited to" from the administrative expenses exclusion 	n/a	n/a
AIDS/HIV	Issue Instructions & Certificate	<ul style="list-style-type: none"> • Removed Coverage Period limit on AIDS and HIV benefit and benefit must be included. We will pay Eligible Expenses, as shown on the Schedule of Benefits, for the treatment of acquired immune deficiency syndrome (AIDS) or any complication or condition caused by, resulting from or related to AIDS or HIV. 	Yes	Yes

KENTUCKY / PAGE 1 of 4 (Last Updated 8/18/20)

For agent use only. Not for distribution.

The information contained in this document is a brief summary of state variations and is NOT for quoting purposes. The content contained in this document does not represent actual claims distribution or serve as a substitute for the certificate of insurance.

Review all plan documents and amendments for full verification of benefits.

If there are any discrepancies between this handout and the certificate document(s), the certificate document(s) shall prevail.

Dependent Elig & Re-Apply Rules or State Mandate	Review Source for Details	Details	Deductible Applies	Coinsurance Applies
Appeals Process	Issue Instructions & Certificate	<ul style="list-style-type: none"> Added an Internal Appeal and External Review Process 	n/a	n/a
Association Fees	Issue Instructions	<ul style="list-style-type: none"> Explained that the association does charge fees for membership. The association fee is charged separately from premium and the premium in the schedule does not reflect that additional expense. 	n/a	n/a
Claim Appeals	Issue Instructions & Certificate	<ul style="list-style-type: none"> Must resolve claim appeals within 30 days 	n/a	n/a
Claim Payments	Issue Instructions & Certificate	<ul style="list-style-type: none"> The Time of Payment of Claims provision has been revised so that claims must be made within 30 days. 	n/a	n/a
COB	Issue Instructions & Certificate	<ul style="list-style-type: none"> KY specific COB language used 	n/a	n/a
Conception Exclusion	Issue Instructions & Certificate	<ul style="list-style-type: none"> Conception exclusion revised to read “Impregnation techniques such as artificial insemination, in vitro zygote and intra-fallopian transfers, gamete intra-fallopian transfer, and genetic counseling”. 	n/a	n/a
Continuation of Coverage	Issue Instructions & Certificate	<ul style="list-style-type: none"> The Continuation of Coverage has been revised to allow 31 days to request. 	n/a	n/a
Cosmetic Exclusion	Issue Instructions & Certificate	<ul style="list-style-type: none"> Cosmetic treatment exclusion revised to read “Treatment, services or supplies to improve the appearance or self-perception of a Covered Person, which does not restore a bodily function, cosmetic or plastic surgery, hair loss or skin wrinkling, or the complications any such procedures”. 	n/a	n/a
Doctor Definition	Issue Instructions & Certificate	<ul style="list-style-type: none"> Doctor includes optometrists, osteopaths, physicians, chiropractors, podiatrists, and dentists 	n/a	n/a

KENTUCKY / PAGE 2 of 4 (Last Updated 8/18/20)

For agent use only. Not for distribution.

The information contained in this document is a brief summary of state variations and is NOT for quoting purposes.

The content contained in this document does not represent actual claims distribution or serve as a substitute for the certificate of insurance.

Review all plan documents and amendments for full verification of benefits.

If there are any discrepancies between this handout and the certificate document(s), the certificate document(s) shall prevail.

Dependent Elig & Re-Apply Rules	Review Source for Details	Details	Deductible Applies	Coinsurance Applies
---------------------------------	---------------------------	---------	--------------------	---------------------

or State Mandate				
Elective Abortion	Issue Instructions & Certificate	<ul style="list-style-type: none"> A definition of Elective Abortion has been added and the exclusion has been revised. 	n/a	n/a
Eligibility	Issue Instructions & Certificate	<ul style="list-style-type: none"> Eligibility #5, Medicaid has been removed. 	n/a	n/a
Enrollment Form	Issue Instructions	<ul style="list-style-type: none"> Removed Medicaid from question 1. Removed reference to “abnormal test results”. Added “All statements made by the undersigned on this form are considered representations and not warranties.” 	n/a	n/a
Genetic Testing Exclusion	Issue Instructions & Certificate	<ul style="list-style-type: none"> Removed “but not limited to” from the genetic testing exclusion 	n/a	n/a
Hazardous Exclusion	Issue Instructions & Certificate	<ul style="list-style-type: none"> Hazardous activities exclusion was revised to remove or similar hazardous activities 	n/a	n/a
Home Health Care	Issue Instructions	<ul style="list-style-type: none"> Home Health Care minimum changed to 60 visits 	Yes	Yes
Premium Revisions	Issue Instructions & Certificate	<ul style="list-style-type: none"> Removed “but not limited to” reasons for premium revisions 	n/a	n/a
TMJ	Issue Instructions & Certificate	<ul style="list-style-type: none"> Added benefit for TMJ We will pay Eligible Expenses, as shown on the Schedule of Benefits, for procedures relating to temporomandibular joint disorders and craniomandibular joint disorders. Included an exception for TMJ under the musculoskeletal exclusion 	Yes	Yes
Waiting Period	Issue Instructions & Certificate	<ul style="list-style-type: none"> The definition of Waiting Period has been revised to include, “Waiting Period does not include Newborn Children.” 	n/a	n/a

KENTUCKY / PAGE 3 of 4 (Last Updated 8/18/20)

For agent use only. Not for distribution.

The information contained in this document is a brief summary of state variations and is NOT for quoting purposes.

The content contained in this document does not represent actual claims distribution or serve as a substitute for the certificate of insurance.

Review all plan documents and amendments for full verification of benefits.

If there are any discrepancies between this handout and the certificate document(s), the certificate document(s) shall prevail.

Dependent Elig & Re-Apply Rules	Review Source for Details	Details	Deductible Applies	Coinsurance Applies
---------------------------------	---------------------------	---------	--------------------	---------------------

or State Mandate				
Workers Compensation	Issue Instructions & Certificate	<ul style="list-style-type: none"> Workers compensation exclusion revised Expenses related to Injury or Sickness arising out of or in the course of any occupation for compensation, wage or profit, as long as the Covered Person is eligible for benefits under occupational disease or workers' compensation insurance pursuant to applicable state or federal law.	n/a	n/a

KENTUCKY / PAGE 4 of 4 (Last Updated 8/18/20)

For agent use only. Not for distribution.

The information contained in this document is a brief summary of state variations and is NOT for quoting purposes. The content contained in this document does not represent actual claims distribution or serve as a substitute for the certificate of insurance.

Review all plan documents and amendments for full verification of benefits.

If there are any discrepancies between this handout and the certificate document(s), the certificate document(s) shall prevail.

Dependent Elig & Re-Apply Rules or State Mandate	Review Source for Details	Details	Deductible Applies	Coinsurance Applies
Dependent Eligibility Rules	Certificate	<p><i>Dependent</i> means any of the following whose coverage under the Policy has become effective and has not ended:</p> <ol style="list-style-type: none"> 1. The Insured's lawful Spouse or Domestic Partner; or 2. The unmarried child or children of the Insured or the Insured's Spouse who are under 26 years of age. <p>Dependent includes a step-child, foster child, legally adopted child, child for whom the Insured is a party to a suit for adoption, child who has been placed in the Insured's home for adoption child who is placed in the home of the Insured following execution of an act of voluntary surrender in favor of the Insured or the Insured's representative, and a child or grandchild under the Insured's legal guardianship if such child depends primarily on the Insured for support. Dependent will also include a child whom the Insured is legally required to support due to court order or divorce decree.</p> <p>Coverage of an unmarried Dependent who is incapable of sustaining employment by reason of intellectual and developmental disability or physical disability, who became so incapacitated prior to the attainment of 26 years of age and who is chiefly dependent upon the Insured for support and maintenance and shall continue so long as the coverage of the Insured remains in force and so long as the Dependent remains in such condition provided proof of such incapacity and dependency is furnished to Us within 31 days of the child's attainment of the limiting age and subsequently as may be required by Us but not more frequently than annually after the two-year period following the child's attainment of the limiting age.</p>	n/a	n/a
Reapply Question	n/a	n/a	n/a	n/a

LOUISIANA / PAGE 1 of 3 (Last Updated 8/27/20)

For agent use only. Not for distribution.

The information contained in this document is a brief summary of state variations and is NOT for quoting purposes.

The content contained in this document does not represent actual claims distribution or serve as a substitute for the certificate of insurance.

Review all plan documents and amendments for full verification of benefits.

If there are any discrepancies between this handout and the certificate document(s), the certificate document(s) shall prevail.

Dependent Elig & Re-Apply Rules	Review Source for Details	Details	Deductible Applies	Coinsurance Applies

or State Mandate				
Civil Union Partners Definition	Issue Instructions	<ul style="list-style-type: none"> The definition of Civil Union Partners was deleted 	n/a	n/a
COB	Issue Instructions	<ul style="list-style-type: none"> Coordination of Benefits was changed to Insurance with Other Insurers 	n/a	n/a
Domestic Partner	Issue Instructions & Certificate	<ul style="list-style-type: none"> Throughout the forms whenever "Spouse" is used, [or Domestic Partner] was added as optional text. The definition of "Domestic Partner" was revised. 	n/a	n/a
Exclusions	Issue Instructions & Certificate	<ul style="list-style-type: none"> Exclusion pertaining to "commission of a felony" was revised to include the following: This exclusion does not apply to a Covered Person who is detained in a correctional facility and has not been adjudicated or convicted to a criminal offense. 	n/a	n/a
Free Look Period	Issue Instructions & Certificate	<ul style="list-style-type: none"> The free look period on the cover page of the certificate was changed to 30 days. 	n/a	n/a
Manipulative Services Exclusion	Issue Instructions	<ul style="list-style-type: none"> The Exclusion for manipulative services has been deleted 	n/a	n/a
Outpatient RX Benefit	Issue Instructions & Certificate	<ul style="list-style-type: none"> Under the Outpatient Prescription Drug benefit, the sentence pertaining to "The Covered Person is responsible for the payment of local taxes on the sale of prescription drugs and pharmacist services" was added; and a benefit for Topical Ophthalmic Prescriptions was added. 	n/a	n/a
Premium Rate Change	Issue Instructions & Certificate	<ul style="list-style-type: none"> Premium Rate Changes was revised to include a 45 day notice before any increase of 20% or more. 	n/a	n/a

LOUISIANA / PAGE 2 of 3 (Last Updated 8/27/20)

For agent use only. Not for distribution.

The information contained in this document is a brief summary of state variations and is NOT for quoting purposes. The content contained in this document does not represent actual claims distribution or serve as a substitute for the certificate of insurance.

Review all plan documents and amendments for full verification of benefits.

If there are any discrepancies between this handout and the certificate document(s), the certificate document(s) shall prevail.

Dependent Elig & Re-Apply Rules	Review Source for Details	Details	Deductible Applies	Coinsurance Applies
---------------------------------	---------------------------	---------	--------------------	---------------------

or State Mandate				
Right of Reimbursement	Issue Instructions & Certificate	<ul style="list-style-type: none"> • Right of Reimbursement replaces the Recovery of Benefits provision. 	n/a	n/a
Subrogation	Issue Instructions & Certificate	<ul style="list-style-type: none"> • Subrogation was revised. 	n/a	n/a

LOUISIANA / PAGE 3 of 3 (Last Updated 8/27/20)

For agent use only. Not for distribution.

The information contained in this document is a brief summary of state variations and is NOT for quoting purposes. The content contained in this document does not represent actual claims distribution or serve as a substitute for the certificate of insurance.

Review all plan documents and amendments for full verification of benefits.

If there are any discrepancies between this handout and the certificate document(s), the certificate document(s) shall prevail.

FOR AGENT USE ONLY - DO NOT DISTRIBUTE

2020 NRIC EPIC STM State Rules & Mandate Summary – MICHIGAN(Group)

Dependent Elig & Re-Apply Rules or State Mandate	Review Source for Details	Details	Deductible Applies	Coinsurance Applies
Dependent Eligibility Rules	Certificate	<p><i>Dependent</i> means any of the following whose coverage under the Policy has become effective and has not ended:</p> <ol style="list-style-type: none"> 1. The Insured's lawful Spouse or 2. The unmarried child or children of the Insured or the Insured's Spouse who are under 26 years of age. <p>Dependent includes a step-child, foster child, legally adopted child, child for whom the Insured is a party to a suit for adoption, child who has been placed in the Insured's home for adoption and a child or grandchild under the Insured's legal guardianship if such child depends primarily on the Insured for support. Dependent will also include a child whom the Insured is legally required to support due to court order or divorce decree.</p>	n/a	n/a
Reapply Question	n/a	<ul style="list-style-type: none"> • State Regulation limits the coverage period of short-term limited duration policies to 185 days out of any 365-day period. The applicant cannot apply for a new coverage period until the person has had a 180 day break in coverage from the termination date of the last short-term limited duration policy issued by The North river Insurance Company (NRIC). 	n/a	n/a
Special State Requirements	n/a	<ul style="list-style-type: none"> • None 	n/a	n/a

MICHIGAN / PAGE 1 of 1 (Last Updated 6/10/20)

For agent use only. Not for distribution.

The information contained in this document is a brief summary of state variations and is NOT for quoting purposes. The content contained in this document does not represent actual claims distribution or serve as a substitute for the certificate of insurance.

Review all plan documents and amendments for full verification of benefits.

If there are any discrepancies between this handout and the certificate document(s), the certificate document(s) shall prevail.

2020 NRIC EPIC STM State Rules & Mandate Summary – MISSISSIPPI (Group)

Dependent Elig & Re-Apply Rules or State Mandate	Review Source for Details	Details	Deductible Applies	Coinsurance Applies
Dependent Eligibility Rules	Certificate	<p><i>Dependent</i> means any of the following whose coverage under the Policy has become effective and has not ended:</p> <ol style="list-style-type: none"> 1. The Insured's lawful Spouse or 2. The unmarried child or children of the Insured or the Insured's Spouse who are under 26 years of age. <p>Dependent includes a step-child, foster child, legally adopted child, child for whom the Insured is a party to a suit for adoption, child who has been placed in the Insured's home for adoption and a child or grandchild under the Insured's legal guardianship if such child depends primarily on the Insured for support. Dependent will also include a child whom the Insured is legally required to support due to court order or divorce decree.</p>	n/a	n/a
Reapply Question	n/a	<ul style="list-style-type: none"> • n/a 	n/a	n/a
Claim Notice	Issue Instructions & Certificate	<ul style="list-style-type: none"> • Notice of Claim must be provided with 30 days. 	n/a	n/a
Claim Payment	Issue Instructions & Certificate	<ul style="list-style-type: none"> • Time of Payment of Claims was revised. 	n/a	n/a
COB	Issue Instructions & Certificate	<ul style="list-style-type: none"> • The definition of "Plan" in the COB provision was revised. 	n/a	n/a
Conformity with State Statues	Issue Instructions & Certificate	<ul style="list-style-type: none"> • Any provision of this Certificate which on its effective date is in conflict with the statutes of the state in which the Insured resides on such date is hereby amended to conform to the minimum requirements of such statutes. 	n/a	n/a

MISSISSIPPI / PAGE 1 of 2 (Last Updated 7/30/20)

For agent use only. Not for distribution.

The information contained in this document is a brief summary of state variations and is NOT for quoting purposes.

The content contained in this document does not represent actual claims distribution or serve as a substitute for the certificate of insurance.

Review all plan documents and amendments for full verification of benefits.

If there are any discrepancies between this handout and the certificate document(s), the certificate document(s) shall prevail.

Dependent Elig & Re-Apply Rules or State Mandate	Review Source for Details	Details	Deductible Applies	Coinsurance Applies
Manipulative Services	Issue Instructions & Certificate	<ul style="list-style-type: none"> The exclusion for Manipulative Services, and Medical treatment of musculoskeletal disorders, were deleted 	Yes	Yes
Mammogram	Issue Instructions & Certificate	<ul style="list-style-type: none"> Mammography was revised: We will pay Eligible Expenses, as shown on the Schedule of Benefits, for annual screenings by Low-Dose Mammography for a female Covered Person 35 years of age or older for the presence of occult breast cancer. <p>For the purposes of this Benefit, the following definition applies: Low-Dose Mammography means the x-ray examination of the breast using equipment dedicated specifically for mammography, including the x-ray tube, filter, compression device, screens, films and cassettes with a radiation exposure which is diagnostically valuable and in keeping with the recommended Average Patient Exposure Guides as published by the Conference of Radiation Control Program Directors, Inc.</p>	n/a	Yes
Premium Rate Changes	Issue Instructions & Certificate	<ul style="list-style-type: none"> Premium Rate Changes was revised to provide a 60 day notice. 	n/a	n/a
Temporo mandibular Joint and Cranio-mandibular Disorder	Issue Instructions & Certificate	<ul style="list-style-type: none"> Temporomandibular Joint and Craniomandibular Disorder was added and limited to \$5,000 per coverage period 	Yes	Yes

MISSISSIPPI / PAGE 2 of 2 (Last Updated 7/30/20)

For agent use only. Not for distribution.

The information contained in this document is a brief summary of state variations and is NOT for quoting purposes. The content contained in this document does not represent actual claims distribution or serve as a substitute for the certificate of insurance.

Review all plan documents and amendments for full verification of benefits.

If there are any discrepancies between this handout and the certificate document(s), the certificate document(s) shall prevail.

2020 NRIC EPIC STM State Rules & Mandate Summary – MISSOURI (Individual)

Dependent Elig & Re-Apply Rules or State Mandate	Review Source for Details	Details	Deductible Applies	Coinsurance Applies
Dependent Eligibility Rules	Certificate	<p><i>Dependent</i> means any of the following whose coverage under this Policy has become effective and has not ended:</p> <ol style="list-style-type: none"> 1. The Insured's lawful Spouse or 2. The unmarried child or children of the Insured or the Insured's Spouse who are under 26 years of age. <p>Dependent includes a step-child, foster child, legally adopted child, child for whom the Insured is a party to a suit for adoption, child who has been placed in the Insured's home for adoption and a child or grandchild under the Insured's legal guardianship if such child depends primarily on the Insured for support. Dependent will also include a child whom the Insured is legally required to support due to court order or divorce decree.</p> <p>Coverage of an unmarried Dependent who is incapable of sustaining employment by reason of intellectual and developmental disability or physical disability, who became so incapacitated prior to the attainment of 26 years of age and who is chiefly dependent upon the Insured for support and maintenance shall continue so long as the coverage of the Insured remains in force and so long as the Dependent remains in such condition. At Our request and expense, the Insured must furnish proof of the incapacity or dependency to Us. If the incapacity or dependency is thereafter removed or terminated, the Covered Person must notify Us.</p>	n/a	n/a
Reapply Question	n/a	<ul style="list-style-type: none"> • n/a 	n/a	n/a

MISSOURI / PAGE 1 of 6 (Last Updated 10/09/20)

For agent use only. Not for distribution.

The information contained in this document is a brief summary of state variations and is NOT for quoting purposes. The content contained in this document does not represent actual claims distribution or serve as a substitute for the certificate of insurance.

Review all plan documents and amendments for full verification of benefits.

If there are any discrepancies between this handout and the certificate document(s), the certificate document(s) shall prevail.

Dependent Elig & Re-Apply Rules	Review Source for Details	Details	Deductible Applies	Coinsurance Applies

or State Mandate				
Autism Spectrum Disorder	Issue Instructions & Certificate	<p>We will pay Eligible Expenses, as shown on the Schedule of Benefits, for Diagnosis and treatment of Autism Spectrum Disorder by a licensed Doctor or a licensed psychologist, including:</p> <ul style="list-style-type: none"> • Applied Behavior Analysis when provided by or supervised by a Board-Certified Behavior Analyst; • Pharmacy Care; • Psychiatric Care; • Psychological Care; • Therapeutic Care; and • Equipment determined necessary to provide Evidence-Based Treatment. <p>Applied Behavior Analysis is limited to \$50,000 or the remaining Overall Maximum Benefit, whichever is less.</p>	Yes	Yes
Cancer Clinical Trials	Issue Instructions & Certificate	<ul style="list-style-type: none"> • We will pay Eligible Expenses, as shown on the Schedule of Benefits, for Routine Patient Care Costs incurred as the result of a phase III, or IV of a clinical trial that is approved by the following entities and undertaken for the purposes of the prevention, early detection, or treatment of cancer. 	Yes	Yes
Definitions Revised	Issue Instructions & Certificate	<ul style="list-style-type: none"> • Accident/ Accidental • Complications of Pregnancy • Emergency Medical Condition • Emergency Services • Hospital • Injury 	n/a	n/a

MISSOURI / PAGE 2 of 6 (Last Updated 10/09/20)

For agent use only. Not for distribution.

The information contained in this document is a brief summary of state variations and is NOT for quoting purposes.

The content contained in this document does not represent actual claims distribution or serve as a substitute for the certificate of insurance.

Review all plan documents and amendments for full verification of benefits.

If there are any discrepancies between this handout and the certificate document(s), the certificate document(s) shall prevail.

Dependent Elig & Re-Apply Rules or State Mandate	Review Source for Details	Details	Deductible Applies	Coinsurance Applies

Dental Anesthesia	Issue Instructions & Certificate	<ul style="list-style-type: none"> We will pay Eligible Expenses, as shown on the Schedule of Benefits, for administration of general anesthesia and Hospital charges for dental care provided to the following Covered Persons: <ol style="list-style-type: none"> A covered Dependent child under the age of 5; A Covered Person who is severely disabled; or A Covered Person who has a medical or behavioral condition which requires Hospitalization or general anesthesia when dental care is provided. (This Benefit does not apply to treatment rendered for temporomandibular joint (TMJ) disorders). 	Yes	Yes
Dose-Intensive Chemo	Issue Instructions & Certificate	<ul style="list-style-type: none"> We will pay Eligible Expenses, as shown on the Schedule of Benefits, for the treatment of breast cancer by dose-intensive chemotherapy/autologous bone marrow transplants or stem cell transplants when performed pursuant to nationally accepted peer review protocols utilized by breast cancer treatment centers experienced in dose-intensive chemotherapy/autologous bone marrow transplants or stem cell transplants. Limited to a Lifetime maximum of \$100,000 	Yes	Yes
Eating Disorder	Issue Instructions & Certificate	<ul style="list-style-type: none"> We will pay Eligible Expenses, as shown on the Schedule of Benefits, for the diagnosis and treatment of Eating Disorders by a licensed treating Doctor, psychiatrist, psychologist, professional counselor, clinical social worker, or licensed marital and family therapist in accordance with a treatment plan. 	Yes	Yes
Emergency Room	Issue Instructions & Certificate	<ul style="list-style-type: none"> \$250 copay unless the Covered Person is admitted as an In-Patient. No Copay if admitted. 	Yes	Yes
Grace Period	Issue Instructions & Certificate	<ul style="list-style-type: none"> Grace period revised: Failure to pay the premium within the grace period will cause Your and Your Dependent's coverage to lapse as of the last day of the grace period. 	n/a	n/a

MISSOURI / PAGE 3 of 6 (Last Updated 10/09/20)

For agent use only. Not for distribution.

The information contained in this document is a brief summary of state variations and is NOT for quoting purposes.

The content contained in this document does not represent actual claims distribution or serve as a substitute for the certificate of insurance.

Review all plan documents and amendments for full verification of benefits.

If there are any discrepancies between this handout and the certificate document(s), the certificate document(s) shall prevail.

Dependent Elig & Re-Apply Rules or State Mandate	Review Source for Details	Details	Deductible Applies	Coinsurance Applies
--	---------------------------	---------	--------------------	---------------------

Grievance Procedures	Issue Instructions & Certificate	<ul style="list-style-type: none"> Grievance Procedures was added. 	n/a	n/a
Human Leukocyte Testing	Issue Instructions & Certificate	<ul style="list-style-type: none"> We will pay Eligible Expenses, as shown on the Schedule of Benefits, for human leukocyte antigen testing, (also referred to as histocompatibility locus antigen testing), for A, B, and DR antigens for utilization in bone marrow transplantation. Limited to one test per lifetime up to \$75 	Yes	Yes
Lead Testing	Issue Instructions & Certificate	<ul style="list-style-type: none"> We will pay Eligible Expenses, as shown on the Schedule of Benefits, for testing for lead poisoning for Covered Dependent children under age 6. The test for lead poisoning shall consist of a blood sample sent for analysis to a laboratory licensed pursuant to the federal Clinical Lab Improvement Act (CLIA). 	Yes	Yes
Loss of Speech or Hearing	Issue Instructions & Certificate	<ul style="list-style-type: none"> We will pay Eligible Expenses, as shown on the Schedule of Benefits, for the necessary care and treatment of loss or impairment of speech or hearing. 	Yes	Yes
Manipulative Services	Issue Instructions & Certificate	<ul style="list-style-type: none"> The Exclusion for manipulative services has been deleted. 	n/a	n/a

MISSOURI / PAGE 4 of 6 (Last Updated 10/09/20)

For agent use only. Not for distribution.

The information contained in this document is a brief summary of state variations and is NOT for quoting purposes. The content contained in this document does not represent actual claims distribution or serve as a substitute for the certificate of insurance.

Review all plan documents and amendments for full verification of benefits.

If there are any discrepancies between this handout and the certificate document(s), the certificate document(s) shall prevail.

Dependent Elig & Re-Apply Rules or State Mandate	Review Source for Details	Details	Deductible Applies	Coinsurance Applies
Mental Illness & Substance Use Disorder	Issue Instructions & Certificate	PPO Plan <ul style="list-style-type: none"> We will pay Eligible Expenses, as shown on the Schedule of Benefits, for the diagnosis and treatment of Mental Illnesses and Substance Use Disorders under 	Yes	Yes

		<p>the same terms and conditions as provided for covered benefits offered for the treatment of other medical illnesses and conditions</p> <ul style="list-style-type: none"> The exclusion for Mental Illness and Substance Use Disorders was deleted. <p>Base Plan</p> <ul style="list-style-type: none"> We will pay Eligible Expenses, as shown on the Schedule of Benefits, for treatment of Substance Use Disorders, as follows: <ol style="list-style-type: none"> Outpatient treatment through a nonresidential treatment program, or through partial- or full-day program services, limited to 26 days per Coverage Period; A residential treatment program, limited to 21 days per Coverage Period. Medical or social setting detoxification, limited to 6 days per Coverage Period. Medication-assisted treatment for Substance Use Disorders for use in treating the patient's condition, including opioid-use and heroin-use disorders. We will pay Eligible Expenses, as shown on the Schedule of Benefits, for treatment of Mental Illness, as follows: <ol style="list-style-type: none"> Outpatient treatment, including treatment through partial- or full-day program services, rendered by a licensed professional. Residential treatment programs for the therapeutic care and treatment when prescribed by a licensed professional and rendered in a psychiatric residential treatment center licensed by the department of mental health or accredited by the Joint Commission on Accreditation of Hospitals. Inpatient Hospital treatment, limited to 90 days per year. 		
Newborn Children & Adopted Children	Issue Instructions & Certificate	<ul style="list-style-type: none"> Under Section 2, Eligibility and Effective Date, the Newborn Children and the Adopted Children provisions were revised. 	n/a	n/a

MISSOURI / PAGE 5 of 6 (Last Updated 10/09/20)

For agent use only. Not for distribution.

The information contained in this document is a brief summary of state variations and is NOT for quoting purposes.

The content contained in this document does not represent actual claims distribution or serve as a substitute for the certificate of insurance.

Review all plan documents and amendments for full verification of benefits.

If there are any discrepancies between this handout and the certificate document(s), the certificate document(s) shall prevail.

Dependent Elig & Re-Apply Rules or State Mandate	Review Source for Details	Details	Deductible Applies	Coinsurance Applies
Newborn Hearing Screening	Issue Instructions & Certificate	<ul style="list-style-type: none"> We will pay Eligible Expenses, as shown on the Schedule of Benefits, for newborn hearing screening, necessary rescreening, audiological assessment and follow-up, and initial amplification. 	Yes	Yes

Osteoporosis	Issue Instructions & Certificate	<ul style="list-style-type: none"> We will pay Eligible Expenses, as shown on the Schedule of Benefits, for bone mass measurement and other services related to the diagnosis, treatment, and appropriate management of osteoporosis. 	Yes	Yes
Pap Smear & Pelvic Exam	Issue Instructions & Certificate	<ul style="list-style-type: none"> We will pay Eligible Expenses, as shown on the Schedule of Benefits, for a pelvic examination and pap smear for a non-symptomatic female Covered Person in accordance with the current American Cancer Society guidelines. 	Yes	Yes
RX Benefit	Issue Instructions & Certificate	<ul style="list-style-type: none"> The Prescription Drug benefit was revised to include Prescription Eye Drops 	n/a	Yes
Second Opinion for Cancer	Issue Instructions & Certificate	<ul style="list-style-type: none"> We will pay Eligible Expenses, as shown on the Schedule of Benefits, for a second opinion rendered by a specialist in the specific cancer diagnosis area when a Covered Person with a newly diagnosed cancer is referred to that specialist by his or her attending Doctor. 	Yes	Yes
Subrogation	Issue Instructions & Certificate	<ul style="list-style-type: none"> Subrogation was deleted 	n/a	n/a
Suicide	Issue Instructions & Certificate	<ul style="list-style-type: none"> Exclusion revised: Suicide or Intentionally self-inflicted Injury or Sickness while sane. 	n/a	n/a

MISSOURI / PAGE 6 of 6 (Last Updated 10/09/20)

For agent use only. Not for distribution.

The information contained in this document is a brief summary of state variations and is NOT for quoting purposes.

The content contained in this document does not represent actual claims distribution or serve as a substitute for the certificate of insurance.

Review all plan documents and amendments for full verification of benefits.

If there are any discrepancies between this handout and the certificate document(s), the certificate document(s) shall prevail.

2020 NRIC EPIC STM State Rules & Mandate Summary – [MONTANA](#) (Individual)

Dependent Elig & Re-Apply Rules or State Mandate	Review Source for Details	Details	Deductible Applies	Coinsurance Applies
Dependent Eligibility Rules	Certificate	<p><i>Dependent</i> means any of the following whose coverage under the Policy has become effective and has not ended:</p> <ol style="list-style-type: none"> The Insured's Spouse or 	n/a	n/a

		<p>2. The unmarried child or children of the Insured or the Insured's Spouse who are under 26 years of age, unmarried, not eligible for coverage under another health plan offered by the Insured, Insured's Spouse, or a dependent, step-child, or grandchild, and</p> <p>Dependent includes a step-child, foster child, legally adopted child, child for whom the Insured is a party to a suit for adoption, child who has been placed in the Insured's home for adoption and a child or grandchild under the Insured's legal guardianship if such child depends primarily on the Insured for support. Dependent will also include a child whom the Insured is legally required to support due to court order or divorce decree.</p>		
Reapply Question	n/a	<ul style="list-style-type: none"> n/a 	n/a	n/a
Application Question	Issue Instructions	<ul style="list-style-type: none"> Removed question on Application, "[Over 300 pounds if male or over 250 pounds if female?]" 	n/a	n/a
Change of Beneficiary	Issue Instructions & Certificate	<ul style="list-style-type: none"> Added Change of Beneficiary provision 	n/a	n/a

MONTANA / PAGE 1 of 4 (Last Updated 8/27/20)

For agent use only. Not for distribution.

The information contained in this document is a brief summary of state variations and is NOT for quoting purposes.

The content contained in this document does not represent actual claims distribution or serve as a substitute for the certificate of insurance.

Review all plan documents and amendments for full verification of benefits.

If there are any discrepancies between this handout and the certificate document(s), the certificate document(s) shall prevail.

Dependent Elig & Re-Apply Rules or State Mandate	Review Source for Details	Details	Deductible Applies	Coinsurance Applies
Claim Notice	Issue Instructions & Certificate	<ul style="list-style-type: none"> Notice of Claim changed to 6 months. 	n/a	n/a
COB	Issue Instructions & Certificate	<ul style="list-style-type: none"> Added a COB provision 	n/a	n/a
Complication of Pregnancy	Issue Instructions & Certificate	<ul style="list-style-type: none"> Removed Complication of Pregnancy definition, Revised definition of Sickness to include Pregnancy, Montana requirement that pregnancy be covered SAAOI, Added minimum stay for hospital maternity care. 	n/a	n/a
Conformity	Issue Instructions & Certificate	<ul style="list-style-type: none"> Revised Conformity with Montana Statutes provision 	n/a	n/a

Dependent Continuation	Issue Instructions & Certificate	<ul style="list-style-type: none"> Added Dependent Continuation provision 	n/a	n/a
Doctor Definition	Issue Instructions & Certificate	<ul style="list-style-type: none"> Revised Definition of Doctor to include: physician, physician assistant, dentist, osteopath, chiropractor, optometrist, podiatrist, psychologist, licensed social worker, licensed professional counselor, licensed marriage and family therapist, acupuncturist, naturopathic physician, physical therapist, speech-language pathologist, audiologist, licensed addiction counselor, advanced practice registered nurse or a registered nurse first assistant. 	n/a	n/a
Emergency Medical Condition	Issue Instructions & Certificate	<ul style="list-style-type: none"> Emergency Medical Condition revise to include “with respect to a pregnant woman, the health of the woman or her unborn child”. 	n/a	n/a

MONTANA / PAGE 2 of 4 (Last Updated 8/27/20)

For agent use only. Not for distribution.

The information contained in this document is a brief summary of state variations and is NOT for quoting purposes. The content contained in this document does not represent actual claims distribution or serve as a substitute for the certificate of insurance.

Review all plan documents and amendments for full verification of benefits.

If there are any discrepancies between this handout and the certificate document(s), the certificate document(s) shall prevail.

Dependent Elig & Re-Apply Rules or State Mandate	Review Source for Details	Details	Deductible Applies	Coinsurance Applies
Exclusions Removed	Issue Instructions	<ul style="list-style-type: none"> Removed exclusion for treatment incurred as a result of exposure to non-medical nuclear radiation and/or radioactive materials. Removed exclusion for suicide or intentionally self-inflicted Injury or Sickness (whether the Covered Person is sane or insane). Removed exclusion for manipulative services including spinal manipulation, manual or electrical muscle stimulation, other manipulative or ultrasound therapy and any other non-surgical treatment of the spine. 	n/a	n/a
Expiration Date	Issue Instructions	<ul style="list-style-type: none"> Must have an expiration date specified in the contract that is less than 12 months after the original effective date of the contract and, renewals or extensions, has a duration of no longer than 36 months in total. 	n/a	n/a
Mastectomy & Reconstructive	Issue Instructions & Certificate	<ul style="list-style-type: none"> Added state specific Mastectomy and Reconstructive Breast Surgery Benefit. Added Post-mastectomy Care Benefit. 	Yes	Yes
Maximum Allowable Expense	Issue Instructions & Certificate	<ul style="list-style-type: none"> Removed references to Maximum Allowable Charge and Usual and Customary Fees 33-15-308 	n/a	n/a
Pre-existing Condition Definition	Issue Instructions & Certificate	<ul style="list-style-type: none"> Pre-existing Condition Definition limited to medical advice or treatment within 6-60 months prior to effective date, not symptoms. Revised pre-ex limit to 6-12 months. 	n/a	n/a
Pregnancy	Issue Instructions & Certificate	<ul style="list-style-type: none"> Added Pregnancy Benefit 	Yes	Yes
Premium Rate Change	Issue Instructions & Certificate	<ul style="list-style-type: none"> Revised Premium Rate Change provision. Rates cannot change for 12 months and a 45 notice prior to rate change 	n/a	n/a

MONTANA / PAGE 3 of 4 (Last Updated 8/27/20)

For agent use only. Not for distribution.

The information contained in this document is a brief summary of state variations and is NOT for quoting purposes. The content contained in this document does not represent actual claims distribution or serve as a substitute for the certificate of insurance.

Review all plan documents and amendments for full verification of benefits.

If there are any discrepancies between this handout and the certificate document(s), the certificate document(s) shall prevail.

Dependent Elig & Re-Apply Rules or State Mandate	Review Source for Details	Details	Deductible Applies	Coinsurance Applies
Reinstatement Provision	Issue Instructions & Certificate	<ul style="list-style-type: none"> Added Reinstatement provision since this is individual coverage. 	n/a	n/a
RX Drugs	Issue Instructions	<ul style="list-style-type: none"> Removed Pre-Notification and Pre-Notification for prescription drugs because in Montana medical necessity cannot be determined if there is not a utilization review plan on file with the Insurance Department. 	n/a	n/a
Subrogation	Issue Instructions & Certificate	<ul style="list-style-type: none"> Revised Subrogation provision. 	n/a	n/a
Termination	Issue Instructions & Certificate	<ul style="list-style-type: none"> Revised Termination to include required advance notice language 	n/a	n/a
Time Limit on Certain Defenses	Issue Instructions & Certificate	<ul style="list-style-type: none"> Changed Incontestability provision to Time Limit on Certain Defenses 	n/a	n/a
Waiting Period	Issue Instructions	<ul style="list-style-type: none"> Remove all references to a waiting period, per MT DOI this may be an illegal dealing in premium and also violates pre-ex. 	n/a	n/a
Well Child Care	Issue Instructions & Certificate	<ul style="list-style-type: none"> Changed the Children's Preventive Health Care Benefit to Well Child Care Benefit. 	n/a	Yes

MONTANA / PAGE 4 of 4 (Last Updated 8/27/20)

For agent use only. Not for distribution.

The information contained in this document is a brief summary of state variations and is NOT for quoting purposes. The content contained in this document does not represent actual claims distribution or serve as a substitute for the certificate of insurance.

Review all plan documents and amendments for full verification of benefits.

If there are any discrepancies between this handout and the certificate document(s), the certificate document(s) shall prevail.

2020 NRIC EPIC STM State Rules & Mandate Summary – [NEBRASKA](#) (Group)

Dependent Elig & Re-Apply Rules or State Mandate	Review Source for Details	Details	Deductible Applies	Coinsurance Applies
Dependent Eligibility Rules	Certificate	<p><i>Dependent</i> means any of the following whose coverage under the Policy has become effective and has not ended:</p> <ol style="list-style-type: none"> 1. The Insured's lawful Spouse or 2. The unmarried child or children of the Insured or the Insured's Spouse who are under 26 years of age. <p>Dependent includes a step-child, foster child, legally adopted child, child for whom the Insured is a party to a suit for adoption, child who has been placed in the Insured's home for adoption and a child or grandchild under the Insured's legal guardianship if such child depends primarily on the Insured for support. Dependent will also include a child whom the Insured is legally required to support due to court order or divorce decree.</p>	n/a	n/a
Reapply Question	n/a	<ul style="list-style-type: none"> • n/a 	n/a	n/a
Alcoholism Benefit/Base Plan	Issue Instructions & Certificate	<ul style="list-style-type: none"> • Alcoholism benefit added for RBP plans; covers 31 days of inpatient treatment and 60 days of outpatient treatment 	Yes	Yes
Claim Appeal	Issue Instructions & Certificate	<ul style="list-style-type: none"> • Removed the Claim Appeal provision and added the Nebraska Grievance Procedures as Section 11. 	n/a	n/a
COB Provision	Issue Instructions & Certificate	<ul style="list-style-type: none"> • Revised the Plan definition in the Coordination of Benefits Provision 	n/a	n/a
General Provision	Issue Instructions & Certificate	<ul style="list-style-type: none"> • Added to the general provisions section: Conformity with State and Federal Law, Reinstatement, Change of Beneficiary and Unearned Premium 	n/a	n/a

NEBRASKA / PAGE 1 of 1 (Last Updated 6/10/20)

For agent use only. Not for distribution.

The information contained in this document is a brief summary of state variations and is NOT for quoting purposes. The content contained in this document does not represent actual claims distribution or serve as a substitute for the certificate of insurance.

Review all plan documents and amendments for full verification of benefits.

If there are any discrepancies between this handout and the certificate document(s), the certificate document(s) shall prevail.

Newborn Hearing Screening Test	Issue Instructions & Certificate	<ul style="list-style-type: none"> Newborn Hearing Screening Test benefit added 	Yes	Yes
Prescription Drug Benefit	Issue Instructions & Certificate	<ul style="list-style-type: none"> Added the following to the RX Benefit: Manufacturer coupons and third party payments do not alter the contractual agreements between the PBM and a pharmacy in regard to Eligible Expenses under the Policy. Acceptance of these types of incentives or alternative payments methods to alter the Copay requirements collected by the pharmacy is solely at the prerogative of the pharmacy. Added Medication Synchronization to the RX Benefit. 	n/a	n/a
Telemedicine	Issue Instructions & Certificate	<ul style="list-style-type: none"> Telemedicine has been changed to Telehealth and Telemonitoring 	Yes	Yes

NEBRASKA / PAGE 2 of 2 (Last Updated 6/10/20)

For agent use only. Not for distribution.

The information contained in this document is a brief summary of state variations and is NOT for quoting purposes. The content contained in this document does not represent actual claims distribution or serve as a substitute for the certificate of insurance.

Review all plan documents and amendments for full verification of benefits.

If there are any discrepancies between this handout and the certificate document(s), the certificate document(s) shall prevail.

Dependent Elig & Re-Apply Rules or State Mandate	Review Source for Details	Details	Deductible Applies	Coinsurance Applies
Dependent Eligibility Rules	Certificate	<p>Dependent <i>Dependent</i> means any of the following whose coverage under the Policy has become effective and has not ended:</p> <ol style="list-style-type: none"> 1. The Insured's lawful Spouse or 2. The child or children of the Insured or the Insured's Spouse who are under 26 years of age. <p>Dependent includes a step-child, foster child, legally adopted child, child for whom the Insured is a party to a suit for adoption, child who has been placed in the Insured's home for adoption and a child or grandchild under the Insured's legal guardianship if such child depends primarily on the Insured for support. Dependent will also include a child whom the Insured is legally required to support due to court order or divorce decree.</p> <p>Coverage of a Dependent who is incapable of sustaining employment by reason of intellectual and developmental disability or physical disability, who became so incapacitated prior to the attainment of 26 years of age and who is chiefly dependent upon the Insured for support and maintenance shall continue so long as the coverage of the Insured remains in force and so long as the Dependent remains in such condition. At Our request and expense, the Insured must furnish proof of the incapacity or dependency to Us. If the incapacity or dependency is thereafter removed or terminated, the Covered Person must notify Us.</p> <p>Dependent's cannot exclude married children</p>	n/a	n/a
Reapply Question	n/a	<ul style="list-style-type: none"> • n/a 	n/a	n/a

NEVADA / PAGE 1 of 4 (Last Updated 9/15/20)

For agent use only. Not for distribution.

The information contained in this document is a brief summary of state variations and is NOT for quoting purposes.

The content contained in this document does not represent actual claims distribution or serve as a substitute for the certificate of insurance.

Review all plan documents and amendments for full verification of benefits.

If there are any discrepancies between this handout and the certificate document(s), the certificate document(s) shall prevail.

Dependent Elig & Re-Apply Rules	Review Source for Details	Details	Deductible Applies	Coinsurance Applies

or State Mandate				
Applied Behavior Analysis	Issue Instructions & Certificate	<ul style="list-style-type: none"> Applied Behavior Analysis services has an annual limitation of \$72,000 or the Overall Maximum Benefit, whichever is less, and is limited to children under 18 years of age, or if enrolled in high school, until the child reaches the age of 22 years. 	Yes	Yes
Clinical Trials	Issue Instructions & Certificate	<ul style="list-style-type: none"> Clinical Trials benefit added We will pay Eligible Expenses, as shown on the Schedule of Benefits, for medical treatment a Covered Person receives in a Phase I, Phase II, Phase III or Phase IV study or clinical trial for the treatment of cancer or in a Phase II, Phase III or Phase IV study or clinical trial for the treatment of chronic fatigue syndrome; 	Yes	Yes
Colorectal Cancer Screening	Issue Instructions & Certificate	<ul style="list-style-type: none"> Colorectal Cancer Screening beginning at age 45 	Yes	Yes
Complaint & Appeal Procedures	Issue Instructions & Certificate	<ul style="list-style-type: none"> Nevada Complaint and Appeal Procedures Included 	n/a	n/a
Contraceptives	Issue Instructions & Certificate	<ul style="list-style-type: none"> Contraceptives for Female Covered Persons benefit added 	Yes	Yes
Diabetes	Issue Instructions & Certificate	<ul style="list-style-type: none"> Coverage for the self-management of diabetes 	Yes	Yes
Exclusions	Issue Instructions & Certificate	<ul style="list-style-type: none"> "We will not deny a claim under this exclusion solely because the claim involves an act that constitutes domestic violence or because the Covered Person was the victim of an act of domestic violence, regardless of whether the Covered Person contributed to any loss or injury." 	n/a	n/a

NEVADA / PAGE 2 of 4 (Last Updated 9/15/20)

For agent use only. Not for distribution.

The information contained in this document is a brief summary of state variations and is NOT for quoting purposes.

The content contained in this document does not represent actual claims distribution or serve as a substitute for the certificate of insurance.

Review all plan documents and amendments for full verification of benefits.

If there are any discrepancies between this handout and the certificate document(s), the certificate document(s) shall prevail.

Dependent Elig & Re-Apply Rules or State Mandate	Review Source for Details	Details	Deductible Applies	Coinsurance Applies

HPV	Issue Instructions & Certificate	<ul style="list-style-type: none"> Human Papillomavirus Vaccine benefit added 	Yes	Yes
Interscholastic Exclusion	Issue Instructions & Certificate	<ul style="list-style-type: none"> Interscholastic, intercollegiate or organized exclusion replaced with professional sports 	n/a	n/a
Intoxication Exclusion	Issue Instructions & Certificate	<ul style="list-style-type: none"> Intoxication exclusion removed 	n/a	n/a
Musculoskeletal Exclusion	Issue Instructions & Certificate	<ul style="list-style-type: none"> Removed exclusion for Medical treatment of musculoskeletal disorders affecting any bone or joint of the face, neck or head, including temporomandibular joint disorder and craniomandibular joint disorder. 	n/a	n/a
Newborn Children	Issue Instructions & Certificate	<ul style="list-style-type: none"> Transportation costs from the place of birth to the nearest specialized treatment center if such transportation is certified by the attending Doctor as necessary to protect the health and safety of the newborn child. 	Yes	Yes
Pre-Authorization	Issue Instructions & Certificate	<ul style="list-style-type: none"> Cannot require a Covered Person to obtain Pre-Authorization for any service provided through Telemedicine that is not required for that service when provided in person. 	n/a	n/a
Preventive Services for Covered Females	Issue Instructions & Certificate	<ul style="list-style-type: none"> Preventive Services for Female Covered Persons benefit added 	Yes	Yes

NEVADA / PAGE 3 of 4 (Last Updated 9/15/20)

For agent use only. Not for distribution.

The information contained in this document is a brief summary of state variations and is NOT for quoting purposes. The content contained in this document does not represent actual claims distribution or serve as a substitute for the certificate of insurance.

Review all plan documents and amendments for full verification of benefits.

If there are any discrepancies between this handout and the certificate document(s), the certificate document(s) shall prevail.

Dependent Elig & Re-Apply Rules or State Mandate	Review Source for Details	Details	Deductible Applies	Coinsurance Applies
--	---------------------------	---------	--------------------	---------------------

RX Benefit	Issue Instructions & Certificate	<ul style="list-style-type: none"> • Prescription Drug Benefit revised to include Synchronization; Topical Ophthalmic Products; and Off Label Cancer Drugs. • The Schedule of Benefits has been revised to include, "Orally Administered Anticancer Medication - Drug Deductible, Coinsurance and Copay combined will not exceed [\$100] per prescription". 	Yes	Yes
Sterilization	Issue Instructions & Certificate	<ul style="list-style-type: none"> • Sterilization removed from the exclusion 	n/a	n/a
Suicide Exclusion	Issue Instructions & Certificate	<ul style="list-style-type: none"> • Suicide and self-harm exclusion revised to include "except as a result of an act of domestic violence or a medical condition (including both physical and mental health conditions)". 	n/a	n/a
Termination Language	Issue Instructions & Certificate	<ul style="list-style-type: none"> • Revised Termination language 	n/a	n/a
TMJ	Issue Instructions & Certificate	<ul style="list-style-type: none"> • Temporomandibular Joint Disorder (TMJ) benefit added. 	Yes	Yes

NEVADA / PAGE 4 of 4 (Last Updated 9/15/20)

For agent use only. Not for distribution.

The information contained in this document is a brief summary of state variations and is NOT for quoting purposes. The content contained in this document does not represent actual claims distribution or serve as a substitute for the certificate of insurance.

Review all plan documents and amendments for full verification of benefits.

If there are any discrepancies between this handout and the certificate document(s), the certificate document(s) shall prevail.

2020 NRIC EPIC STM State Rules & Mandate Summary – [NORTH CAROLINA](#) (Group)

Dependent Elig & Re-Apply Rules or State Mandate	Review Source for Details	Details	Deductible Applies	Coinsurance Applies
Dependent Eligibility Rules	Certificate	<p><i>Dependent</i> means any of the following whose coverage under the Policy has become effective and has not ended:</p> <ol style="list-style-type: none"> 1. The Insured's lawful Spouse or 2. The unmarried child or children of the Insured or the Insured's Spouse who are under 26 years of age. <p>Dependent includes a step-child, foster child, legally adopted child, child for whom the Insured is a party to a suit for adoption, child who has been placed in the Insured's home for adoption and a child or grandchild under the Insured's legal guardianship if such child depends primarily on the Insured for support. Dependent will also include a child whom the Insured is legally required to support due to administrative order, court order or divorce decree.</p> <p>Coverage of an unmarried Dependent who is incapable of sustaining employment by reason of intellectual and developmental disability or physical disability, who became so incapacitated prior to the attainment of 26 years of age and who is chiefly dependent upon the Insured for support and maintenance shall continue so long as the coverage of the Insured remains in force and so long as the Dependent remains in such condition. At Our request and expense, the Insured must furnish proof of the incapacity or dependency to Us. If the incapacity or dependency is thereafter removed or terminated, the Covered Person must notify Us. Proof of the incapacity or dependency will not be requested more frequently than annually during the period following the date the child reaches the limiting age.</p>	n/a	n/a
Reapply Question	n/a	<ul style="list-style-type: none"> • n/a 	n/a	n/a
AIDS	Issue Instructions & Certificate	<ul style="list-style-type: none"> • Removed the limit on AIDS – Always covered • We will pay Eligible Expenses, as shown on the Schedule of Benefits, for the treatment of acquired immune deficiency syndrome (AIDS) or any complication or condition caused by, resulting from or related to AIDS or HIV. 	Yes	Yes

NORTH CAROLINA / PAGE 1 of 4 (Last Updated 1/22/21)

For agent use only. Not for distribution.

The information contained in this document is a brief summary of state variations and is NOT for quoting purposes.

The content contained in this document does not represent actual claims distribution or serve as a substitute for the certificate of insurance.

Review all plan documents and amendments for full verification of benefits.

If there are any discrepancies between this handout and the certificate document(s), the certificate document(s) shall prevail.

Dependent Elig & Re-Apply Rules or State Mandate	Review Source for Details	Details	Deductible Applies	Coinsurance Applies
Cervical Cancer Screenings	Issue Instructions & Certificate	<ul style="list-style-type: none"> • We will pay Eligible Expenses, as shown in the Schedule of Benefits, for the screening for the early detection of cervical cancer including examination, laboratory fees, and the Doctor's interpretation of the laboratory results. The laboratory must meet the accreditation standards adopted by the North Carolina Medical Care Commission in order for the laboratory fees to be covered. 	Yes	Yes
Creditable Coverage	Issue Instructions & Certificate	<ul style="list-style-type: none"> • Added Creditable Coverage definition 	n/a	n/a
Claims Provisions	Issue Instructions & Certificate	<ul style="list-style-type: none"> • Claim Provisions <ul style="list-style-type: none"> • Proof of Loss – changed “90 days” to “180 days”. • Time of Payment Claims provision revised to pay all benefits “immediately” rather than “30 days” • Removed Subrogation and Recovery of Benefits provisions • Added Certification and Appeals Process • Replaced Claim Appeals with “Grievance and Appeal Procedures”. 	n/a	n/a
COB	Issue Instructions & Certificate	<ul style="list-style-type: none"> • Removed the traditional automobile contracts 	n/a	n/a
Definitions Revised	Issue Instructions & Certificate	<ul style="list-style-type: none"> • The following definitions were revised: <ul style="list-style-type: none"> • Dependent - added “administrative order”, Proof of incapacity not requested more than annually • Emergency Medical Condition • Emergency Services • Hospital – added state tax-supported institution • Medically Necessary • Pre-Existing Conditions – changed timeframe to 12 and removed item 2 	n/a	n/a

NORTH CAROLINA / PAGE 2 of 4 (Last Updated 1/22/21)

For agent use only. Not for distribution.

The information contained in this document is a brief summary of state variations and is NOT for quoting purposes. The content contained in this document does not represent actual claims distribution or serve as a substitute for the certificate of insurance.

Review all plan documents and amendments for full verification of benefits.

If there are any discrepancies between this handout and the certificate document(s), the certificate document(s) shall prevail.

Dependent Elig & Re-Apply Rules or State Mandate	Review Source for Details	Details	Deductible Applies	Coinsurance Applies
Dental Procedures	Issue Instructions & Certificate	<ul style="list-style-type: none"> Added Anesthesia and Hospitalization Coverage for Dental Procedures 	Yes	Yes
Eligibility and Effective Dates	Issue Instructions & Certificate	<ul style="list-style-type: none"> Eligibility and Effective Date <ul style="list-style-type: none"> Eligibility – removed “or Medicaid”. Newborn Children – added birth abnormality Newborn adopted Children – timeframe change to 90 days Added “foster” children Added paragraph regarding if additional premium is required or not required. Revised the waiting period paragraph 	n/a	n/a
Exclusions and Limitations	Issue Instructions & Certificate	<ul style="list-style-type: none"> Removed Telephone and Video Consultations Removed the exclusion for contraceptives Removed Telephone and Video Consultations Removed the exclusion for contraceptives Added to the pre-existing condition exclusion – or placed in a foster home. Changed the exclusion to 6-12 rather than 6-24. Added “or for correction of congenital defects to the cosmetic treatment exclusion. Added “adopted child and foster child” to the exception list of congenital condition. Added “except if related to diabetes” to the feet exclusion Removed the no fault Insurance Revised the workers compensation exclusion Removed the intoxication exclusion Removed the AIDS exclusion Removed the TMJ/CMJ Exclusion Removed the Telephone and Video Consultations exclusion 	n/a	n/a

NORTH CAROLINA / PAGE 3 of 4 (Last Updated 1/22/21)

For agent use only. Not for distribution.

The information contained in this document is a brief summary of state variations and is NOT for quoting purposes. The content contained in this document does not represent actual claims distribution or serve as a substitute for the certificate of insurance.

Review all plan documents and amendments for full verification of benefits.

If there are any discrepancies between this handout and the certificate document(s), the certificate document(s) shall prevail.

Dependent Elig & Re-Apply Rules	Review Source for Details	Details	Deductible Applies	Coinsurance Applies

or State Mandate				
Incontestability Provision	Issue Instructions & Certificate	<ul style="list-style-type: none"> Removed “in the absence of fraud” from the incontestability provision 	n/a	n/a
Joints of Jaw, Face or Head Treatment	Issue Instructions & Certificate	<ul style="list-style-type: none"> Added Treatment of Joints of the Jaw, Face or Head with a limit for non-surgical treatment for TMJ to \$3,500 We will pay Eligible Expenses, as shown in the Schedule of Benefits, for procedures involving any bone or joint of the jaw, face, or head, to treat a condition which prevents normal functioning of the particular bone or joint involved and the condition is caused by congenital deformity, disease, or traumatic Injury. 	Yes	Yes
Premium	Issue Instructions & Certificate	<ul style="list-style-type: none"> Premium Rate Change – changed to “45” days from “31” days. Added after first year rates will not change more frequently than one every 12 months. Added any unearned premium provision Added Reinstatement 	n/a	n/a
Reconstructive Surgery	Issue Instructions & Certificate	<ul style="list-style-type: none"> Reconstructive Surgery – added without regard to lapse of time between Mastectomy and the reconstruction 	Yes	Yes

NORTH CAROLINA / PAGE 4 of 4 (Last Updated 1/22/21)

For agent use only. Not for distribution.

The information contained in this document is a brief summary of state variations and is NOT for quoting purposes. The content contained in this document does not represent actual claims distribution or serve as a substitute for the certificate of insurance.

Review all plan documents and amendments for full verification of benefits.

If there are any discrepancies between this handout and the certificate document(s), the certificate document(s) shall prevail.

Dependent Elig & Re-Apply Rules or State Mandate	Review Source for Details	Details	Deductible Applies	Coinsurance Applies
Dependent Eligibility Rules	Certificate	<p><i>Dependent</i> means any of the following whose coverage under the Policy has become effective and has not ended:</p> <ol style="list-style-type: none"> 1. The Insured's lawful Spouse or 2. The unmarried child or children of the Insured or the Insured's Spouse who are under 26 years of age. <p>Dependent includes a step-child, foster child, legally adopted child, child for whom the Insured is a party to a suit for adoption, child who has been placed in the Insured's home for adoption and a child or a child of a Dependent child. Dependent will also include a child whom the Insured is legally required to support due to court order or divorce decree.</p> <p>Coverage of an unmarried Dependent who is incapable of sustaining employment by reason of intellectual and developmental disability or physical disability, who became so incapacitated prior to the attainment of 26 years of age and who is chiefly dependent upon the Insured for support and maintenance shall continue so long as the coverage of the Insured remains in force and so long as the Dependent remains in such condition. At Our request and expense, the Insured must furnish proof of the incapacity or dependency to Us. If the incapacity or dependency is thereafter removed or terminated, the Covered Person must notify Us.</p>	n/a	n/a
Reapply Question	n/a	<ul style="list-style-type: none"> • n/a 	n/a	n/a
Acquired Immune Deficiency Syndrome	Issue Instructions & Certificate	<ul style="list-style-type: none"> • Removed the limits on Acquired Immune Deficiency Syndrome <p>We will pay Eligible Expenses, as shown on the Schedule of Benefits, for the treatment of acquired immune deficiency syndrome (AIDS) or any complication or condition caused by, resulting from or related to AIDS or HIV.</p>	Yes	Yes

NORTH DAKOTA / PAGE 1 of 4 (Last Updated 11/19/20)

For agent use only. Not for distribution.

The information contained in this document is a brief summary of state variations and is NOT for quoting purposes. The content contained in this document does not represent actual claims distribution or serve as a substitute for the certificate of insurance.

Review all plan documents and amendments for full verification of benefits.

If there are any discrepancies between this handout and the certificate document(s), the certificate document(s) shall prevail.

Dependent Elig & Re-Apply Rules or State Mandate	Review Source for Details	Details	Deductible Applies	Coinsurance Applies
COB	Issue Instructions & Certificate	<ul style="list-style-type: none"> COB has been removed 	n/a	n/a
Dental Anesthesia	Issue Instructions & Certificate	<ul style="list-style-type: none"> We will pay Eligible Expenses, as shown in the Schedule of Benefits, for general anesthesia and associated Hospital or Ambulatory Surgical Center services for dental care provided to: <ol style="list-style-type: none"> A covered Dependent child who is under the age of nine; A Covered Person who is severely disabled. A Covered Person who has a medical condition and requires hospitalization or general anesthesia for dental care treatment. 	Yes	Yes
Exclusions	Issue Instructions & Certificate	<ul style="list-style-type: none"> Removed the suicide exclusion Removed the intoxication exclusion Removed the Acquired Immune Deficiency Syndrome exclusion. Removed the TMJ exclusion Removed the Mental Illness and Substance Use Disorder exclusion. 	n/a	n/a
Extension of Benefits	Issue Instructions & Certificate	<ul style="list-style-type: none"> If a Covered Person is Hospital confined on the date insurance ends, other than for failure to pay the required premium, benefits will be continued only for the condition causing the Hospital confinement until the earlier of: <ol style="list-style-type: none"> The expiration of a 90 day period after the insurance ceases; or The date the Overall Maximum Benefit for all Covered Expenses under the Group Policy has been reached. 	n/a	n/a
Grace Period	Issue Instructions & Certificate	<ul style="list-style-type: none"> Grace Period has been revised to state coverage will not lapse until the last day of the grace period 	n/a	n/a

NORTH DAKOTA / PAGE 2 of 4 (Last Updated 11/19/20)

For agent use only. Not for distribution.

The information contained in this document is a brief summary of state variations and is NOT for quoting purposes. The content contained in this document does not represent actual claims distribution or serve as a substitute for the certificate of insurance.

Review all plan documents and amendments for full verification of benefits.

If there are any discrepancies between this handout and the certificate document(s), the certificate document(s) shall prevail.

Dependent Elig & Re-Apply Rules	Review Source for Details	Details	Deductible Applies	Coinsurance Applies
---------------------------------	---------------------------	---------	--------------------	---------------------

or State Mandate				
Hospital Definition	Issue Instructions & Certificate	<ul style="list-style-type: none"> Removed “a place for the treatment of drug addicts or alcoholics” from the Hospital definition 	n/a	n/a
Mental Illness & Substance Abuse	Issue Instructions & Certificate	<ul style="list-style-type: none"> We will pay Eligible Expenses, as shown on the Schedule of Benefits, for the diagnosis and treatment of Mental Illnesses and Substance Abuse. <p>Mental Illness Inpatient, Partial Hospitalization, Residential Treatment: You Pay 0% We pay 100% of Eligible Expenses up to 45 days Inpatient or 120 days of partial Hospitalization or 120 days of Residential Treatment per Coverage Period and Continuation Period combined. Outpatient: up to 30 hours per Coverage Period and Continuation Period combined are covered with the first 5 hours not subject to Deductible and Coinsurance and for the remaining 25 hours: You Pay 0% We pay 100% of Eligible Expenses.</p> <p>Substance Abuse Inpatient, Partial Hospitalization: You pay 0% We pay 100% of Eligible Expenses up to 60 days Inpatient or 120 days of partial Hospitalization per Coverage Period and Continuation Period Combined. Outpatient Treatment - up to 20 visits per Coverage Period and Continuation Period combined are covered with the first 5 visits not subject to Deductible or Coinsurance and for the remaining 15 visits: You pay 0% We pay 100% of Eligible Expenses.</p>	Yes	Yes
Time of Payment of Claims	Issue Instructions & Certificate	<ul style="list-style-type: none"> Time of Payment of Claims provision has been revised to state that claims will be paid with 15 days. 	n/a	n/a

NORTH DAKOTA / PAGE 3 of 4 (Last Updated 11/19/20)

For agent use only. Not for distribution.

The information contained in this document is a brief summary of state variations and is NOT for quoting purposes.

The content contained in this document does not represent actual claims distribution or serve as a substitute for the certificate of insurance.

Review all plan documents and amendments for full verification of benefits.

If there are any discrepancies between this handout and the certificate document(s), the certificate document(s) shall prevail.

Dependent Elig & Re-Apply Rules or State Mandate	Review Source for Details	Details	Deductible Applies	Coinsurance Applies

TMJ	Issue Instructions & Certificate	<ul style="list-style-type: none"> We will pay Eligible Expenses, as shown in the Schedule of Benefits, for surgical and non-surgical treatment of temporomandibular joint disorder and craniomandibular disorder. We pay 100% of Eligible Expenses up to \$2,500 for non-surgical treatment and \$10,000 for surgery per the Coverage and Renewal Periods combined 	Yes	Yes
Waiting Periods	Issue Instructions & Certificate	<ul style="list-style-type: none"> Waiting Periods have been removed from the Certificate. 	n/a	n/a

NORTH DAKOTA / PAGE 4 of 4 (Last Updated 11/19/20)

For agent use only. Not for distribution.

The information contained in this document is a brief summary of state variations and is NOT for quoting purposes. The content contained in this document does not represent actual claims distribution or serve as a substitute for the certificate of insurance.

Review all plan documents and amendments for full verification of benefits.

If there are any discrepancies between this handout and the certificate document(s), the certificate document(s) shall prevail.

2020 NRIC EPIC STM State Rules & Mandate Summary – [OHIO](#) (Group)

Dependent Elig & Re-Apply Rules	Review Source for Details	Details	Deductible Applies	Coinsurance Applies
---------------------------------	---------------------------	---------	--------------------	---------------------

or State Mandate				
Dependent Eligibility Rules	Certificate	<p><i>Dependent</i> means any of the following whose coverage under the Policy has become effective and has not ended:</p> <ol style="list-style-type: none"> 1. The Insured's lawful Spouse or 2. The unmarried child or children of the Insured or the Insured's Spouse who are under 26 years of age. <p>Dependent includes a step-child, foster child, legally adopted child, child for whom the Insured is a party to a suit for adoption, child who has been placed in the Insured's home for adoption and a child or grandchild under the Insured's legal guardianship if such child depends primarily on the Insured for support. Dependent will also include a child whom the Insured is legally required to support due to court order or divorce decree.</p>	n/a	n/a
Reapply Question	n/a	<ul style="list-style-type: none"> • n/a 	n/a	n/a
Activities of Daily Living	Issue Instructions & Certificate	<ul style="list-style-type: none"> • Removed Activities of Daily Living definition 	n/a	n/a
Alcoholism	Issue Instructions & Certificate	<ul style="list-style-type: none"> • Alcoholism mandate limited to \$550 per coverage period. Included if substance use disorder is excluded 	Yes	Yes
Autism Spectrum Disorder	Issue Instructions & Certificate	<ul style="list-style-type: none"> • Autism Spectrum Disorder benefit has been revised by removing the \$50,000 limit on Applied Behavior Analysis. Pre-Authorization required. 	Yes	Yes
Cervical Cancer Screening	Issue Instructions & Certificate	<ul style="list-style-type: none"> • We will pay Eligible Expenses, as shown on the Schedule of Benefits, for a cytologic screening for the presence of cervical cancer that is processed and interpreted in a laboratory certified by the college of American pathologists or in a Hospital. 	Yes	Yes

OHIO / PAGE 1 of 5 (Last Updated 11/09/20)

For agent use only. Not for distribution.

The information contained in this document is a brief summary of state variations and is NOT for quoting purposes.

The content contained in this document does not represent actual claims distribution or serve as a substitute for the certificate of insurance.

Review all plan documents and amendments for full verification of benefits.

If there are any discrepancies between this handout and the certificate document(s), the certificate document(s) shall prevail.

Dependent Elig & Re-Apply Rules	Review Source for Details	Details	Deductible Applies	Coinsurance Applies
---------------------------------	---------------------------	---------	--------------------	---------------------

or State Mandate				
Change of Beneficiary	Issue Instructions & Certificate	<ul style="list-style-type: none"> Added a Change of Beneficiary provision. <p>Unless the Insured makes an irrevocable designation of beneficiary, the right to change of beneficiary is reserved to the Insured and the consent of the beneficiary or beneficiaries shall not be requisite to surrender or assignment of this Certificate or to any change of beneficiary or beneficiaries, or to any other changes in this Certificate.</p>	n/a	n/a
COB Provision	Issue Instructions & Certificate	<ul style="list-style-type: none"> COB provision was replaced 	n/a	n/a
Court Ordered Custody of Children	Issue Instructions & Certificate	<ul style="list-style-type: none"> Court Ordered Custody of Children provision revised <p>Coverage is provided to a child in the court ordered custody of the Insured on the same basis as a newborn Dependent child. We will enroll such child under family coverage without regard to any enrollment period restrictions, upon application of the child's other parent or pursuant to a child support order. Coverage for such child will not be terminated unless We are provided satisfactory written evidence of either of the following:</p> <ol style="list-style-type: none"> The court or administrative order is no longer in effect. The child is or will be enrolled under comparable health care coverage provided by another health insurer, which coverage will take effect not later than the effective date of the termination of this coverage. 	n/a	n/a
Custodial or Convalescent Care	Issue Instructions & Certificate	<ul style="list-style-type: none"> Removed reference in the Custodial or Convalescent Care definition: <p><i>Custodial or Convalescent Care</i> means any care that is provided to a Covered Person who is disabled when the Covered Person is not under active and specific medical, surgical, or psychiatric treatment that will reduce the disability to the extent necessary for the live on his own.</p>	n/a	n/a
Emergency Medical	Issue Instructions & Certificate	<ul style="list-style-type: none"> Emergency Medical definition revised to include with respect to a pregnant woman, the health of the woman or her unborn child, in serious jeopardy; 	Yes	Yes

OHIO / PAGE 2 of 5 (Last Updated 11/09/20)

For agent use only. Not for distribution.

The information contained in this document is a brief summary of state variations and is NOT for quoting purposes.

The content contained in this document does not represent actual claims distribution or serve as a substitute for the certificate of insurance.

Review all plan documents and amendments for full verification of benefits.

If there are any discrepancies between this handout and the certificate document(s), the certificate document(s) shall prevail.

Dependent Elig & Re-Apply Rules or State Mandate	Review Source for Details	Details	Deductible Applies	Coinsurance Applies

Emergency Services	Issue Instructions & Certificate	<ul style="list-style-type: none"> Emergency Services definition revised to include any trauma and burn center of the Hospital. <p>Within the capabilities of the staff and facilities available at the Hospital, including any trauma and burn center of the Hospital, such further medical examination and treatment as are required to Stabilize the patient.</p>	Yes	Yes
External Review Process	Issue Instructions & Certificate	<ul style="list-style-type: none"> Added an External Review Process 	n/a	n/a
Hearing Screening - Newborn	Issue Instructions & Certificate	<ul style="list-style-type: none"> We will pay Eligible Expenses, as shown on the Schedule of Benefits, for a hearing screening performed in a Hospital or birthing center on a Covered Person who is a newborn child. 	Yes	Yes
Mammography	Issue Instructions & Certificate	<ul style="list-style-type: none"> Mammography benefit revised to include the Medicare reimbursement rate <p>Screening Mammograms are not subject to the Deductible; the reimbursement limit shall be one hundred thirty per cent of the lowest Medicare reimbursement rate in the state</p>	n/a	Yes
Physical Examination and Autopsy	Issue Instructions & Certificate	<ul style="list-style-type: none"> Added Autopsy to the Physical Examination provision. <p>We have the right, at Our expense, to have a Doctor of Our choice examine a Covered Person as often as is reasonably necessary during the pendency of a claim hereunder and to make an autopsy in case of death where it is not forbidden by law.</p>	n/a	n/a

OHIO / PAGE 3 of 5 (Last Updated 11/09/20)

For agent use only. Not for distribution.

The information contained in this document is a brief summary of state variations and is NOT for quoting purposes.

The content contained in this document does not represent actual claims distribution or serve as a substitute for the certificate of insurance.

Review all plan documents and amendments for full verification of benefits.

If there are any discrepancies between this handout and the certificate document(s), the certificate document(s) shall prevail.

Dependent Elig & Re-Apply Rules or State Mandate	Review Source for Details	Details	Deductible Applies	Coinsurance Applies
Pre-Authorization	Issue Instructions & Certificate	<ul style="list-style-type: none"> Added additional Pre-Authorization requirements. <p>Pre-Authorization is not required if the service in question meets all of the following:</p> <ol style="list-style-type: none"> The service is directly related to another service for which Pre-Authorization has already been obtained and that has already been performed. 	n/a	n/a

		<p>2. The new service was not known to be needed at the time the original prior authorized service was performed.</p> <p>3. The need for the new service was revealed at the time the original authorized service was performed.</p> <p>Once all necessary information is received, We will review the claim for coverage and Medical Necessity. We will not reduce a claim for such a new service based solely on the fact that a prior authorization was not received for the new service in question.</p>		
RX Benefit	Issue Instructions & Certificate	<ul style="list-style-type: none"> A step therapy exemption has been added to the RX benefit to the RX benefit for PPO and step therapy has been removed from the RX benefit in the RBP 	n/a	Yes
Subrogation Provision	Issue Instructions & Certificate	<ul style="list-style-type: none"> Subrogation provision revised 	n/a	n/a
Substance Use Disorders	Issue Instructions & Certificate	<ul style="list-style-type: none"> <i>Substance Abuse</i> means alcohol, drug (whether prescribed by a Doctor or not) or chemical abuse, overuse or dependency and the resultant physiological and/or psychological effects requiring medical treatment, procedures, services or supplies, including detoxification. Substance Abuse does not include Mental Illness. 	Yes	Yes
Time Limit on Certain Defenses	Issue Instructions & Certificate	<ul style="list-style-type: none"> Changed the title of Incontestability to Time Limit on Certain Defenses 	n/a	n/a
Time of Paymet of Claims	Issue Instructions & Certificate	<ul style="list-style-type: none"> The Time of Payment of Claims provision has been revised to include “immediately upon or”. Removed the clean claim language 	n/a	n/a

OHIO / PAGE 4 of 5 (Last Updated 11/09/20)

For agent use only. Not for distribution.

The information contained in this document is a brief summary of state variations and is NOT for quoting purposes.

The content contained in this document does not represent actual claims distribution or serve as a substitute for the certificate of insurance.

Review all plan documents and amendments for full verification of benefits.

If there are any discrepancies between this handout and the certificate document(s), the certificate document(s) shall prevail.

Dependent Elig & Re-Apply Rules or State Mandate	Review Source for Details	Details	Deductible Applies	Coinsurance Applies
Urgent Care	Issue Instructions & Certificate	<ul style="list-style-type: none"> <i>Urgent Care</i> means medical care or other service for a Sickness, Injury or condition where application of the timeframe for making routine or non-life threatening care determinations is either of the following: <ol style="list-style-type: none"> Could seriously jeopardize the life, health, or safety of the Covered Person or others 	Yes	Yes

		<p>due to the Covered Person's psychological state;</p> <p>2. In the opinion of a Doctor with knowledge of the Covered Person's medical or behavioral condition, would subject the Covered Person to adverse health consequences without the care or treatment that is the subject of the request.</p> <p>Urgent Care may be rendered in a Doctor's office or Urgent Care Facility.</p>	
--	--	---	--

OHIO / PAGE 5 of 5 (Last Updated 11/09/20)

For agent use only. Not for distribution.

The information contained in this document is a brief summary of state variations and is NOT for quoting purposes. The content contained in this document does not represent actual claims distribution or serve as a substitute for the certificate of insurance.

Review all plan documents and amendments for full verification of benefits.

If there are any discrepancies between this handout and the certificate document(s), the certificate document(s) shall prevail.

2020 NRIC EPIC STM State Rules & Mandate Summary – [OKLAHOMA](#) (Individual)

Dependent Elig & Re-Apply Rules or State Mandate	Review Source for Details	Details	Deductible Applies	Coinsurance Applies
Dependent Eligibility	Certificate	<i>Dependent</i> means any of the following whose coverage under the Policy has become effective and has not ended:	n/a	n/a

Rules		<ol style="list-style-type: none"> 1. The Insured's lawful Spouse or 2. The unmarried child or children of the Insured or the Insured's Spouse who are under 26 years of age. <p>Dependent includes a step-child, foster child, legally adopted child, child for whom the Insured is a party to a suit for adoption, child who has been placed in the Insured's home for adoption and a child or grandchild under the Insured's legal guardianship if such child depends primarily on the Insured for support. Dependent will also include a child whom the Insured is legally required to support due to court order or divorce decree.</p>		
Reapply Question	n/a	<ul style="list-style-type: none"> • n/a 	n/a	n/a
Free Look	Issue Instructions & Certificate	<ul style="list-style-type: none"> • If We do not return any premiums or moneys paid within thirty (30) days from the date of cancellation, We will pay interest on the proceeds. 	n/a	n/a
Hazardous Occupations Exclusion	Issue Instructions & Certificate	<ul style="list-style-type: none"> • The participating in hazardous occupations exclusion has been deleted in its entirety. 	n/a	n/a
Intoxication Exclusion	Issue Instructions & Certificate	<ul style="list-style-type: none"> • The intoxication exclusion is revised as follows: Treatment or Injury sustained or contracted in consequence of a Covered Person being under the influence of any narcotic unless administered on the advice of a Doctor. 	n/a	n/a
Recovery of Overpayment	Issue Instructions & Certificate	<ul style="list-style-type: none"> • The Recovery of Overpayment provision includes: Our right to recover an overpayment of benefits under this provision is limited to 24 months from the date of the overpayment, unless the overpayment was made because of fraud committed by the claimant or Provider or if the claimant or Provider has otherwise agreed to make a refund to Us for overpayment of the claim. 	n/a	n/a

OKLAHOMA / PAGE 1 of 2 (Last Updated 6/10/20)

For agent use only. Not for distribution.

The information contained in this document is a brief summary of state variations and is NOT for quoting purposes.

The content contained in this document does not represent actual claims distribution or serve as a substitute for the certificate of insurance.

Review all plan documents and amendments for full verification of benefits.

If there are any discrepancies between this handout and the certificate document(s), the certificate document(s) shall prevail.

War Exclusion	Issue Instructions & Certificate	<ul style="list-style-type: none"> • The war exclusion is revised as follows: war or act of war (whether declared or undeclared) while serving in the military or an auxiliary unit attached to the military 	n/a	n/a
Waiting Period	Issue Instructions & Certificate	<ul style="list-style-type: none"> • Waiting Period updated to only include: There is a 3-month Waiting Period for certain conditions. Expenses incurred by a Covered Person for treatment of: <ol style="list-style-type: none"> a. Herniorrhaphy; b. varicose veins; c. disorder of reproduction organs; or 	n/a	n/a

		d. Total or partial hysterectomy, unless it is Medically Necessary due to a diagnosis of carcinoma	
--	--	--	--

OKLAHOMA / PAGE 2 of 2 (Last Updated 6/10/20)

For agent use only. Not for distribution.

The information contained in this document is a brief summary of state variations and is NOT for quoting purposes.
The content contained in this document does not represent actual claims distribution or serve as a substitute for the certificate of insurance.

Review all plan documents and amendments for full verification of benefits.

If there are any discrepancies between this handout and the certificate document(s), the certificate document(s) shall prevail.

2020 NRIC EPIC STM State Rules & Mandate Summary – [PENNSYLVANIA](#) (Individual)

Dependent Elig & Re-Apply Rules or State Mandate	Review Source for Details	Details	Deductible Applies	Coinsurance Applies
Dependent Eligibility Rules	<i>Certificate</i>	<p><i>Dependent</i> means any of the following whose coverage under this Policy has become effective and has not ended:</p> <ol style="list-style-type: none"> 1. The Insured's lawful Spouse or 2. The unmarried child or children of the Insured or the Insured's Spouse who are under 26 years of age. <p>Dependent includes a step-child, foster child, legally adopted child, child for whom the Insured is a party to a suit for adoption, child who has been placed in the Insured's home for adoption and a child or grandchild under the Insured's legal guardianship if such child depends primarily on the Insured for support. Dependent will also include a child whom the Insured is legally required to support due to court order or divorce decree.</p> <p>Coverage of an unmarried Dependent who is incapable of sustaining employment by reason of mental retardation or physical handicap, who became so incapacitated prior to the attainment of 26 years of age and who is chiefly dependent upon the Insured for support and maintenance shall continue so long as the coverage of the Insured remains in force and so long as the Dependent remains in such condition if the Insured has within 31 days of the Dependent's attainment of 26 years of age submitted proof of the Dependent's incapacity as described above to Us.</p> <p>The eligibility for coverage of a Dependent who is an Eligible Veteran shall continue for a period equal to the duration of the Eligible Veteran's service on active duty or active State duty or until the Eligible Veteran is no longer a Full-Time Student. The eligibility of an Eligible Veteran who is a Full-Time Student shall not terminate because of the age of the Eligible Veteran when the Eligible Veteran's educational program was interrupted because of military duty.</p>	<i>n/a</i>	<i>n/a</i>
Reapply Question	<i>n/a</i>	<ul style="list-style-type: none"> • <i>n/a</i> 	<i>n/a</i>	<i>n/a</i>

PENNSYLVANIA / PAGE 1 of 6 (Last Updated 10/19/22)

For agent use only. Not for distribution.

The information contained in this document is a brief summary of state variations and is NOT for quoting purposes. The content contained in this document does not represent actual claims distribution or serve as a substitute for the certificate of insurance.

Review all plan documents and amendments for full verification of benefits.

If there are any discrepancies between this handout and the certificate document(s), the certificate document(s) shall prevail.

Dependent Elig & Re-Apply Rules or State Mandate	Review Source for Details	Details	Deductible Applies	Coinsurance Applies
Accidental Definition	Issue Instructions, & Certificate	<ul style="list-style-type: none"> Revised the Accidental definition by removing, “resulting in unforeseen trauma requiring immediate medical attention”. 	n/a	n/a
Ambulatory Surgical Center Definition	Issue Instructions, & Certificate	<ul style="list-style-type: none"> An <i>Ambulatory Surgical Center (ASC)</i> means a facility or portion thereof not located upon the premises of a Hospital which provides specialty or multispecialty Outpatient Surgical Treatment. This does not include individual or group practice offices of private physicians or dentists, unless the offices have a distinct part used solely for Outpatient surgical treatment on a regular and organized basis. <p>For the purposes of this provision, <i>Outpatient Surgical Treatment</i> means treatment to patients who do not require hospitalization, but who require constant medical supervision following the surgical procedure performed.</p>	n/a	n/a
Anesthesia Coverage	Issue Instructions, & Certificate	<ul style="list-style-type: none"> Added Anesthesia Coverage for Dental Procedures Benefit and the Orally Administered Chemotherapy Benefit 	Yes	Yes
Application	Issue Instructions, & Certificate	<ul style="list-style-type: none"> Added language to the notice on the face page Added a section for the spouse to answer questions The cancer waiting period was removed Added the electronic communications consent Removed all fraud warnings except for PA’s fraud warning Added a signature line for the spouse 	n/a	n/a
Confined or Confinement Definition	Issue Instructions & Certificate	<ul style="list-style-type: none"> Revised the Confined or Confinement definition by removing the 23 continuous hours. 	n/a	n/a
Domestic Partner Definition	Issue Instructions & Certificate	<ul style="list-style-type: none"> The Domestic Partner definition has been revised by removing the 12 month requirement and the Affidavit of Domestic Partnership. 	n/a	n/a

PENNSYLVANIA / PAGE 2 of 6 (Last Updated 10/19/22)

For agent use only. Not for distribution.

The information contained in this document is a brief summary of state variations and is NOT for quoting purposes.

The content contained in this document does not represent actual claims distribution or serve as a substitute for the certificate of insurance.

Review all plan documents and amendments for full verification of benefits.

If there are any discrepancies between this handout and the certificate document(s), the certificate document(s) shall prevail.

Dependent Elig & Re-Apply Rules or State Mandate	Review Source for Details	Details	Deductible Applies	Coinsurance Applies
Emergency Medical Condition Definition	Issue Instructions & Certificate	<ul style="list-style-type: none"> The Emergency Medical Condition definition has been revised. <p><i>Emergency Medical Condition</i> means a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson, could reasonably expect the absence of immediate medical attention to result in:</p> <ol style="list-style-type: none"> Placing the health of the individual in serious jeopardy, Serious impairment to bodily functions, or Serious dysfunction of any bodily organ or part. 	n/a	n/a
Emergency Services Definition	Issue Instructions & Certificate	<ul style="list-style-type: none"> Revised the Emergency Services definition by <u>deleting item 2</u>. <p>Item #2 - Within the capabilities of the staff and facilities available at the Hospital, such further medical examination and treatment as are required to Stabilize the patient.</p>	n/a	n/a
Free Look	Issue Instructions & Certificate	<ul style="list-style-type: none"> Carefully read Your Policy as soon as you receive it. If You are not satisfied, You may return it to Us at Our administrative office, 305 Madison Avenue, Morristown, New Jersey 07960-6117 within 10 days after You receive it or to the agent through whom it was purchased. We will refund all premiums You have paid. 	n/a	n/a
Habilitative Services	Issue Instructions & Certificate	<ul style="list-style-type: none"> Habilitative Services definition has been deleted. 	n/a	n/a
Hospital Definition	Issue Instructions & Certificate	<ul style="list-style-type: none"> The Hospital definition has been revised. <p>A <i>Hospital</i> means a short-term, acute general hospital that:</p> <ol style="list-style-type: none"> Is primarily engaged in providing medical care and treatment of sick or injured persons on an In-Patient basis for which a charge is made; Provides 24-hour nursing care by or under the supervision of registered nurses (RNs); Is duly licensed by the agency responsible for licensing such Hospitals; and Is not, other than incidentally, a place of rest, a place primarily for the treatment of tuberculosis, a place for the aged, a place for the treatment of drug addicts or alcoholics, or a place for convalescent, custodial or educational care. 	n/a	n/a

PENNSYLVANIA / PAGE 3 of 6 (Last Updated 10/19/22)

For agent use only. Not for distribution.

The information contained in this document is a brief summary of state variations and is NOT for quoting purposes. The content contained in this document does not represent actual claims distribution or serve as a substitute for the certificate of insurance.

Review all plan documents and amendments for full verification of benefits.

If there are any discrepancies between this handout and the certificate document(s), the certificate document(s) shall prevail.

Dependent Elig & Re-Apply Rules or State Mandate	Review Source for Details	Details	Deductible Applies	Coinsurance Applies
Injury Definition	Issue Instructions & Certificate	<ul style="list-style-type: none"> The Injury definition has been revised. <p><i>Injury</i> means accidental bodily Injury sustained by a Covered Person which is the direct and independent cause of the loss.</p> <p>All Injuries sustained in one Accident, including all related conditions and recurring symptoms of the Injuries, will be considered one Injury.</p>	n/a	n/a
In-Patient Definition	Issue Instructions & Certificate	<ul style="list-style-type: none"> Removed the 23 hours from the In-Patient definition. <i>In-Patient Rehabilitation Facility</i> means is a facility that provides intensive Rehabilitative Services to Covered Persons with neurological, musculo-skeletal, orthopedic and other medical conditions. 	n/a	n/a
Misstatement of Age	Issue Instructions & Certificate	<ul style="list-style-type: none"> The Misstatement of Age provision has been revised. <p>If the age of any Covered Person is incorrectly misstated, all amounts payable under this Policy shall be such as the premium paid would have purchased at the correct age.</p>	n/a	n/a
Physical Exam and Autopsy	Issue Instructions & Certificate	<ul style="list-style-type: none"> Added "and Autopsy" to the Physical Exam provision. 	n/a	n/a
Pre-Existing Condition	Issue Instructions & Certificate	<ul style="list-style-type: none"> The Pre-Existing Condition definition has been revised by removing item 2. 	n/a	n/a
Premiums	Issue Instructions & Certificate	<ul style="list-style-type: none"> Added the Unpaid Premium provision to the Premiums section. <p>Upon the payment of a claim under the Policy, any premium then due and unpaid or covered by any note or written order may be deducted therefrom.</p>	n/a	n/a
Preventative Care	Issue Instructions & Certificate	<ul style="list-style-type: none"> The Preventive Care waiting period has been changed to 30 days. 	No	Yes
Reinstatement	Issue Instructions & Certificate	<ul style="list-style-type: none"> Added a Reinstatement provision. 	n/a	n/a

PENNSYLVANIA / PAGE 4 of 6 (Last Updated 10/19/22)

For agent use only. Not for distribution.

The information contained in this document is a brief summary of state variations and is NOT for quoting purposes. The content contained in this document does not represent actual claims distribution or serve as a substitute for the certificate of insurance.

Review all plan documents and amendments for full verification of benefits.

If there are any discrepancies between this handout and the certificate document(s), the certificate document(s) shall prevail.

Dependent Elig & Re-Apply Rules or State Mandate	Review Source for Details	Details	Deductible Applies	Coinsurance Applies
Removed Benefits or Wording	Issue Instructions & Certificate	<ul style="list-style-type: none"> Removed the Orally Administered Anticancer medication benefit from the RX benefit. Removed the reference to Partial Benefit Allowance from the Pre-Existing Condition Exclusion. Removed habilitative services from the exclusions. Removed “whether the Covered Person is sane or insane” from the suicide exclusion. Removed the overpayment provision. Removed the Preexisting Condition Partial Benefit Allowance Maximum Benefit 	n/a	n/a
Sickness Definition	Issue Instructions & Certificate	<ul style="list-style-type: none"> The Sickness definition has been revised. <i>Sickness</i> means illness, disease or of a Covered Person who is diagnosed or treated by a Doctor after the effective date of insurance and while the insurance is force. 	n/a	n/a
Skilled Nursing Facility Definition	Issue Instructions & Certificate	<ul style="list-style-type: none"> <i>Skilled Nursing Facility</i> means a licensed facility, operating in accordance with the laws of the state in which it is located and meeting all of the following requirements: See Certificate 	n/a	n/a
Step Therapy	Issue Instructions & Certificate	<ul style="list-style-type: none"> Added “Step Therapy does not apply to a Covered Person who has Stage 4, Advanced Metastatic Cancer.” Added a definition of Stage 4 Advance Metastatic Cancer. Stage 4 Advance Metastatic Cancer is cancer that has spread from the primary or original site of the cancer to nearby tissues, lymph nodes or other areas or parts of the body. 	Yes	Yes
Subrogation	Issue Instructions & Certificate	<ul style="list-style-type: none"> The Subrogation provision has been revised. 	n/a	n/a
Time Limit on Certain Defenses	Issue Instructions & Certificate	<ul style="list-style-type: none"> The Incontestability provision has been changed to “Time Limit on Certain Defenses”. 	n/a	n/a

PENNSYLVANIA / PAGE 5 of 6 (Last Updated 10/19/22)

For agent use only. Not for distribution.

The information contained in this document is a brief summary of state variations and is NOT for quoting purposes. The content contained in this document does not represent actual claims distribution or serve as a substitute for the certificate of insurance.

Review all plan documents and amendments for full verification of benefits.

If there are any discrepancies between this handout and the certificate document(s), the certificate document(s) shall prevail.

Dependent Elig & Re-Apply Rules or State Mandate	Review Source for Details	Details	Deductible Applies	Coinsurance Applies
Waiting Period	Issue Instructions & Certificate	<ul style="list-style-type: none"> ● 3 month Waiting period only includes the following: <ul style="list-style-type: none"> ● Cataract operations, ● Strabismus operations, ● Tonsillectomies, ● Adenoidectomies. ● Herniotomies. ● Arthrotomies. ● Hemorrhoidectomies. ● Laminectomies. ● Varicose veins. ● Removed the Cancer waiting period. ● The Preventive Care waiting period has been changed to 30 days. 	n/a	n/a

PENNSYLVANIA / PAGE 6 of 6 (Last Updated 10/19/22)

For agent use only. Not for distribution.

The information contained in this document is a brief summary of state variations and is NOT for quoting purposes. The content contained in this document does not represent actual claims distribution or serve as a substitute for the certificate of insurance.

Review all plan documents and amendments for full verification of benefits.

If there are any discrepancies between this handout and the certificate document(s), the certificate document(s) shall prevail.

2020 NRIC EPIC STM State Rules & Mandate Summary – [SOUTH CAROLINA](#) (Group)

Dependent Elig & Re-Apply Rules or State Mandate	Review Source for Details	Details	Deductible Applies	Coinsurance Applies
Dependent Eligibility Rules	Certificate	<p><i>Dependent</i> means any of the following whose coverage under the Policy has become effective and has not ended:</p> <ol style="list-style-type: none"> 1. The Insured's lawful Spouse or 2. The unmarried child or children of the Insured or the Insured's Spouse who are under 26 years of age. <p>Dependent includes a step-child, foster child, legally adopted child, child for whom the Insured is a party to a suit for adoption, child who has been placed in the Insured's home for adoption and a child or grandchild under the Insured's legal guardianship if such child depends primarily on the Insured for support. Dependent will also include a child whom the Insured is legally required to support due to court order or divorce decree.</p>	n/a	n/a
Reapply Question	n/a	<ul style="list-style-type: none"> • n/a 	n/a	n/a
Federal Notice	Issue Instructions, & Certificate	<ul style="list-style-type: none"> • Revised the Federal Notice to, "Your coverage might also contain a cap on Lifetime and/or annual dollar limits on health benefits." 	n/a	n/a
Legal Actions	Issue Instructions & Certificate	<ul style="list-style-type: none"> • Legal Actions – "3 years" replaced with "6 years" 	n/a	n/a
Physical Examination	Issue Instructions & Certificate	<ul style="list-style-type: none"> • Physical Examination replaced with, "We, at Our own expense, may examine a Covered Person for whom claim is made as often as reasonably necessary while a claim is pending and in cases of death of a Covered Person, We, at Our own expense, may have an autopsy performed during the period of contestability unless prohibited by law. The autopsy must be performed in the state of South Carolina." 	n/a	n/a
Time Payment of Claims	Issue Instructions & Certificate	<ul style="list-style-type: none"> • Time of Payment of Claims replaced with, "Benefits will be paid not more than 60 days after receipt of the proof of the loss." 	n/a	n/a

SOUTH CAROLINA / PAGE 1 of 1 (Last Updated 6/10/20)

For agent use only. Not for distribution.

The information contained in this document is a brief summary of state variations and is NOT for quoting purposes.

The content contained in this document does not represent actual claims distribution or serve as a substitute for the certificate of insurance.

Review all plan documents and amendments for full verification of benefits.

If there are any discrepancies between this handout and the certificate document(s), the certificate document(s) shall prevail.

2020 NRIC EPIC STM State Rules & Mandate Summary – [TENNESSEE](#) (Group)

Dependent Elig & Re-Apply Rules or State Mandate	Review Source for Details	Details	Deductible Applies	Coinsurance Applies
Dependent Eligibility Rules	Certificate	<p><i>Dependent</i> means any of the following whose coverage under the Policy has become effective and has not ended:</p> <ol style="list-style-type: none"> 1. The Insured's lawful Spouse or 2. The unmarried child or children of the Insured or the Insured's Spouse who are under 26 years of age. <p>Dependent includes a step-child, foster child, legally adopted child, child for whom the Insured is a party to a suit for adoption, child who has been placed in the Insured's home for adoption and a child or grandchild under the Insured's legal guardianship if such child depends primarily on the Insured for support. Dependent will also include a child whom the Insured is legally required to support due to court order or divorce decree.</p>	n/a	n/a
Reapply Question	n/a	<ul style="list-style-type: none"> • n/a 	n/a	n/a
AIDS/HIV	Issue Instructions & Certificate	<ul style="list-style-type: none"> • No limit on the Acquired Immune Deficiency Syndrome(AIDS) and Human Immunodeficiency Virus(HIV) 	Yes	Yes
Child's Hearing Aids	Issue Instructions & Certificate	<ul style="list-style-type: none"> • Limit up to \$1,000 per individual hearing aid per year every 3 years for a Covered Person under 18 years of age 	Yes	Yes
Claim Appeal	Issue Instructions & Certificate	<ul style="list-style-type: none"> • Revised the Claim Appeal provision timeframes. Requesting a review was changed to "180" days, Respond time within "30" days; and special circumstances up to "45" days. 	n/a	n/a
Clinical Trials	Issue Instructions & Certificate	<ul style="list-style-type: none"> • We will pay Eligible Expenses, as shown on the Schedule of Benefits, for Routine Patient Care Costs incurred in connection with a Clinical Trial if the Covered Person's treating Doctor recommends participation in the Clinical Trial after determining that participation in the Clinical Trial has a meaningful potential benefit to the Covered Person 	Yes	Yes

TENNESSEE / PAGE 1 of 3 (Last Updated 9/25/20)

For agent use only. Not for distribution.

The information contained in this document is a brief summary of state variations and is NOT for quoting purposes.

The content contained in this document does not represent actual claims distribution or serve as a substitute for the certificate of insurance.

Review all plan documents and amendments for full verification of benefits.

If there are any discrepancies between this handout and the certificate document(s), the certificate document(s) shall prevail.

Dependent Elig & Re-Apply Rules or State Mandate	Review Source for Details	Details	Deductible Applies	Coinsurance Applies
COB	Issue Instructions & Certificate	<ul style="list-style-type: none"> Revised the Plan definition in the Coordination of Benefits Provision by removing "individual or family policies". 	n/a	n/a
Dental Anesthesia	Issue Instructions & Certificate	<ul style="list-style-type: none"> For a covered Dependent child eight (8) years of age or younger or a mentally handicapped adult and cannot be safely performed in a dental office setting. 	Yes	Yes
Experimental or Investigational Treatment Exclusion	Issue Instructions & Certificate	<ul style="list-style-type: none"> Added to the Experimental or Investigational Treatment exclusion – Denial will not be based solely on the fact that the person was a participant in a clinical trial. Added to the expenses a Covered Person is not required to pay - except for services rendered by non-governmental charitable research Hospitals. 	n/a	n/a
Infant Hearing Screening Tests	Issue Instructions & Certificate	<ul style="list-style-type: none"> up to \$50 per day 	Yes	Yes
Manipulative Services	Issue Instructions & Certificate	<ul style="list-style-type: none"> We will pay Eligible Expenses, as shown on the Schedule of Benefits, for spinal manipulation, manual or electrical muscle stimulation, other manipulative or ultrasound therapy when performed by a Doctor, and any other non-surgical treatment of the spine. 	Yes	Yes
Phenylketonuria	Issue Instructions & Certificate	<ul style="list-style-type: none"> We will pay Eligible Expenses, as shown on the Schedule of Benefits, for the Treatment of phenylketonuria. For the purposes of this Benefit, the following definition applies: Treatment means licensed professional medical services under the supervision of a Doctor and those special dietary formulas that are Medically Necessary for the therapeutic treatment of phenylketonuria. 	Yes	Yes
Preeclampsia	Issue Instructions & Certificate	<ul style="list-style-type: none"> Preeclampsia is considered a complications of pregnancy 	n/a	n/a

TENNESSEE / PAGE 2 of 3 (Last Updated 9/25/20)

For agent use only. Not for distribution.

The information contained in this document is a brief summary of state variations and is NOT for quoting purposes. The content contained in this document does not represent actual claims distribution or serve as a substitute for the certificate of insurance.

Review all plan documents and amendments for full verification of benefits.

If there are any discrepancies between this handout and the certificate document(s), the certificate document(s) shall prevail.

Dependent Elig & Re-Apply Rules or State Mandate	Review Source for Details	Details	Deductible Applies	Coinsurance Applies
Recovery of Benefits	Issue Instructions & Certificate	<ul style="list-style-type: none"> Added “medical” before “benefits in the Recovery of Benefits provision 	n/a	n/a
Recovery of Overpayment	Issue Instructions & Certificate	<ul style="list-style-type: none"> Added the following to the Recovery of Overpayment Our right to recover an overpayment of benefits under this provision is limited to 18 months from the date of the overpayment, unless the overpayment was made based upon a Covered Person’s: provision to Us of incomplete information; material misstatements; lack of eligibility; or fraud. 	n/a	n/a
Time Limit on Certain Defenses	Issue Instructions & Certificate	<ul style="list-style-type: none"> Changed the title of Incontestability to Time Limit on Certain Defenses and added the following: No claim for loss incurred or disability commencing after two (2) years from the date of issue of a Covered Person’s coverage under the Policy will be reduced or denied on the ground that a disease or physical condition not excluded from coverage by name or specific description effective on the date of loss had existed prior to the effective date of coverage. 	n/a	n/a
Time Payment of Claims	Issue Instructions & Certificate	<ul style="list-style-type: none"> Changed the time frames in the Time Payment of Claims provision. Clean Claims within 21 days and within 30 days. 	n/a	n/a
TMJ	Issue Instructions & Certificate	<ul style="list-style-type: none"> We will pay Eligible Expenses, as shown on the Schedule of Benefits, for temporomandibular joint disorder (TMJ) procedures involving any bone or joint of the jaw, face, or head, to treat a condition which prevents normal functioning of the particular bone or joint of the jaw, face or head involved and the condition is caused by congenital deformity, disease, or traumatic injury. Covered therapeutic procedures include splinting and the use of intraoral prosthetics applied to reposition the bones. However, this Benefit does not include coverage for orthodontic braces, crowns, dentures, treatment for periodontal disease, dental root form implants or root canals. 	Yes	Yes
Waiting Period	Issue Instructions & Certificate	<ul style="list-style-type: none"> Benefit waiting period limited to 30 days 	n/a	n/a

TENNESSEE / PAGE 3 of 3 (Last Updated 9/25/20)

For agent use only. Not for distribution.

The information contained in this document is a brief summary of state variations and is NOT for quoting purposes.

The content contained in this document does not represent actual claims distribution or serve as a substitute for the certificate of insurance.

Review all plan documents and amendments for full verification of benefits.

If there are any discrepancies between this handout and the certificate document(s), the certificate document(s) shall prevail.

2020 NRIC EPIC STM State Rules & Mandate Summary – [TEXAS](#) (Group)

Dependent Elig & Re-Apply Rules or State Mandate	Review Source for Details	Details	Deductible Applies	Coinsurance Applies
<p>Dependent Eligibility Rules</p>	<p>Certificate</p>	<p><i>Dependent</i> means any of the following whose coverage under the Policy has become effective and has not ended:</p> <ol style="list-style-type: none"> 1. The Insured's lawful Spouse or 2. The unmarried child or children of the Insured or the Insured's Spouse who are under 26 years of age. <p>Dependent includes a step-child, foster child, legally adopted child, child for whom the Insured is a party to a suit for adoption, a child for whom the Insured must provide medical support under an order: issued under Texas Statutes, Chapter 154, Family Code; or enforceable by a court in the State of Texas and a child under the Insured's legal guardianship if such child depends primarily on the Insured for support. Dependent will also include a child whom the Insured is legally required to support due administrative order, to court order or divorce decree and a grandchild who is Your Dependent for federal income tax purposes at the time of application.</p> <p>Coverage of an unmarried Dependent who is incapable of sustaining employment by reason of intellectual and developmental disability or physical disability, who became so incapacitated prior to the attainment of 26 years of age and who is chiefly dependent upon the Insured for support and maintenance shall continue so long as the coverage of the Insured remains in force and so long as the Dependent remains in such condition. At Our request and expense, the Insured must furnish proof of the incapacity or dependency to Us within 31 days after the child reaches age 26. If the incapacity or dependency is thereafter removed or terminated, the Covered Person must notify Us. Proof will not be requested more frequently than annually after the child reaches age 28.</p> <ul style="list-style-type: none"> • Dependent - includes grandchild 	<p>n/a</p>	<p>n/a</p>
<p>Reapply Question</p>	<p>n/a</p>	<ul style="list-style-type: none"> • n/a 	<p>n/a</p>	<p>n/a</p>

TEXAS / PAGE 1 of 7 (Last Updated 10/28/20)

For agent use only. Not for distribution.

The information contained in this document is a brief summary of state variations and is NOT for quoting purposes. The content contained in this document does not represent actual claims distribution or serve as a substitute for the certificate of insurance.

Review all plan documents and amendments for full verification of benefits.

If there are any discrepancies between this handout and the certificate document(s), the certificate document(s) shall prevail.

Dependent Elig & Re-Apply Rules or State Mandate	Review Source for Details	Details	Deductible Applies	Coinsurance Applies
Acquired Brain Injury	Issue Instructions & Certificate	<ul style="list-style-type: none"> We will pay Eligible Expenses, as shown on the Schedule of Benefits, for services necessary as a result of and related to an Acquired Brain Injury. 	Yes	Yes
AIDS/HIV	Issue Instructions & Certificate	<ul style="list-style-type: none"> Removed the limits from the AIDS/HIV Benefit 	Yes	Yes
Cardiovascular Test	Issue Instructions & Certificate	<ul style="list-style-type: none"> We will pay Eligible Expenses, as shown on the Schedule of Benefits, for a noninvasive screening test for atherosclerosis and abnormal artery structure and function 	Yes	Yes
Chemical Dependency	Issue Instructions & Certificate	<ul style="list-style-type: none"> We will pay Eligible Expense, as shown on the Schedule of Benefits, for treatment, services and supplies when received in connection with Chemical Dependency, including treatment in a Chemical Dependency Treatment Center. 	Yes	Yes
Child Hearing Test	Issue Instructions & Certificate	<ul style="list-style-type: none"> We will pay Eligible Expenses, as shown on the Schedule of Benefits, for a screening test for hearing loss for a newborn child through the age of 30 days and the necessary diagnostic follow-up care related to the newborn screening test through age 24 months. 	Yes	Yes
Claim Provisions	Issue Instructions & Certificate	<ul style="list-style-type: none"> Claim Provisions <ul style="list-style-type: none"> Removed “any payment made in good faith...” from the Payment of Claims provision Added to the Payment of Claims provision the payment of benefits to the Texas Department of Human Services Subrogation and Recovery of Benefits provisions were changed Replaced Claim Appeals and Foreign Claims with “Appeals of Claim Payment Decisions”. 	n/a	n/a
Clinical Trials	Issue Instructions & Certificate	<ul style="list-style-type: none"> We will pay Eligible Expenses, as shown on the Schedule of Benefits, for Routine Patient Care Costs incurred in connection with a Clinical Trial. 	Yes	Yes

TEXAS / PAGE 2 of 7 (Last Updated 10/28/20)

For agent use only. Not for distribution.

The information contained in this document is a brief summary of state variations and is NOT for quoting purposes.

The content contained in this document does not represent actual claims distribution or serve as a substitute for the certificate of insurance.

Review all plan documents and amendments for full verification of benefits.

If there are any discrepancies between this handout and the certificate document(s), the certificate document(s) shall prevail.

Dependent Elig & Re-Apply	Review Source for Details	Details	Deductible Applies	Coinsurance Applies
---------------------------	---------------------------	---------	--------------------	---------------------

Rules or State Mandate				
Colorectal Cancer Screening	Issue Instructions & Certificate	<ul style="list-style-type: none"> Colorectal Cancer Screening was revised to include a fecal occult blood test annually. 	Yes	Yes
Complications of Pregnancy	Issue Instructions & Certificate	<ul style="list-style-type: none"> We will pay Eligible Expenses, as shown on the Schedule of Benefits, for Complications of Pregnancy the same as any other Sickness. 	Yes	Yes
Coordination of Benefits	Issue Instructions & Certificate	<ul style="list-style-type: none"> The Coordination of Benefits (COB) provision applies when a person has health care coverage under more than one plan. Plan is defined below. <p>The order of benefit determination rules govern the order in which each plan will pay a claim for benefits. The plan that pays first is called the primary plan. The primary plan must pay benefits in accord with its policy terms without regard to the possibility that another plan may cover some expenses. The plan that pays after the primary plan is the secondary plan. The secondary plan may reduce the benefits it pays so that payments from all plans equal 100 percent of the total allowable expense.</p>	n/a	n/a
Definitions Revised	Issue Instructions & Certificate	<ul style="list-style-type: none"> Dependent - includes grandchild Doctor – removed “other than a member of the Immediate Family” – Added to exclusions Mental Illness Pre-Existing Conditions – changed timeframe to [6-12] Provider – Removed “It does not include Covered Person, Spouse and Immediate Family” Specialist - Removed “It does not include Covered Person, Spouse and Immediate Family” Spouse – removed “legally separated” Substance Abuse - deleted 	n/a	n/a

TEXAS / PAGE 3 of 7 (Last Updated 10/28/20)

For agent use only. Not for distribution.

The information contained in this document is a brief summary of state variations and is NOT for quoting purposes.

The content contained in this document does not represent actual claims distribution or serve as a substitute for the certificate of insurance.

Review all plan documents and amendments for full verification of benefits.

If there are any discrepancies between this handout and the certificate document(s), the certificate document(s) shall prevail.

Dependent Elig & Re-Apply Rules or State Mandate	Review Source for Details	Details	Deductible Applies	Coinsurance Applies

<p>Diabetes Supplies and Management</p>	<p>Issue Instructions & Certificate</p>	<ul style="list-style-type: none"> ● Revised list of items for the TX to include: <ul style="list-style-type: none"> ○ Insulin and insulin analog preparations ○ Biohazard disposal containers ○ Repairs and necessary maintenance of insulin pumps not otherwise provided for under a manufacturer's warranty or purchase agreement, and rental fees for pumps during the repair and necessary maintenance of insulin pumps, neither of which shall exceed the purchase price of a similar replacement pump; ○ Prescription Medications which bear the legend "Caution: Federal Law prohibits dispensing without a prescription" and medications available without a prescription for controlling the blood sugar level; ○ Podiatric appliances, including up to two pairs of therapeutic footwear per year, for the prevention of complications associated with diabetes; <p>As new or improved treatment and monitoring equipment or supplies become available and are approved by the United States Food and Drug Administration, such equipment or supplies will be covered if determined to be Medically Necessary and appropriate by a treating Doctor through a written order.</p> <p>All supplies, including medications, and equipment for the control of diabetes must be dispensed as written, including brand name products, unless substitution is approved by the Doctor who issues the written order for the supplies or equipment.</p>	<p>Yes</p>	<p>Yes</p>
<p>Eligibility and Effective Date</p>	<p>Issue Instructions & Certificate</p>	<ul style="list-style-type: none"> ● Dependent Acquired After Effective Date was revised to remove "in writing" ● Adopted Children Coverage provision was revised to include "party to a suit to adopt the child" 	<p>n/a</p>	<p>n/a</p>

TEXAS / PAGE 4 of 7 (Last Updated 10/28/20)

For agent use only. Not for distribution.

The information contained in this document is a brief summary of state variations and is NOT for quoting purposes. The content contained in this document does not represent actual claims distribution or serve as a substitute for the certificate of insurance.

Review all plan documents and amendments for full verification of benefits.

If there are any discrepancies between this handout and the certificate document(s), the certificate document(s) shall prevail.

<p>Dependent Elig & Re-Apply Rules or State Mandate</p>	<p>Review Source for Details</p>	<p>Details</p>	<p>Deductible Applies</p>	<p>Coinsurance Applies</p>
<p>Exclusions and Limitations</p>	<p>Issue Instructions & Certificate</p>	<ul style="list-style-type: none"> ● Exclusions and Limitations <ul style="list-style-type: none"> ○ Added to the foot exclusion "except for footwear as provided under the Diabetes Benefit" 	<p>n/a</p>	<p>n/a</p>

		<ul style="list-style-type: none"> ○ Removed the exclusion pertaining to paid or payable under another insurance or medical prepayment ○ Removed the AIDS/HIV exclusion ○ Removed the TMJ/CMJ Exclusion ○ Added to the Mental Illness exclusion “except Chemical Dependency and Serious Mental Illness ○ Removed the psychological examiners and ovarian cancer exclusions. ○ Added to the Telephone and Video Consultations exclusion “the exclusion does not apply to the Telemedicine benefit. 		
Hearing Aid / Cochlear Implant	Issue Instructions & Certificate	<ul style="list-style-type: none"> ● We will pay Eligible Expenses, as shown on the Schedule of Benefits for hearing aids or cochlear implants and related services and supplies for a Covered Person who is 18 years of age or younger. 	Yes	Yes
Home Health Care	Issue Instructions & Certificate	<ul style="list-style-type: none"> ● Home Health Care Benefit – removed the range and include only 60 visits per coverage period ● Coverage is limited to 1 visit per day 	Yes	Yes
Mammography	Issue Instructions & Certificate	<ul style="list-style-type: none"> ● Mammography Benefit was revised to include a Diagnostic Mammogram 	n/a	Yes
Newborn Screening Kit	Issue Instructions & Certificate	<ul style="list-style-type: none"> ● We will pay Eligible Expenses, as shown on the Schedule of Benefits, for administration of a newborn screening test, including the cost of a test kit in the amount provided by the Texas Department of State Health Services on its internet website on the date the test was administered. 	Yes	Yes

TEXAS / PAGE 5 of 7 (Last Updated 10/28/20)

For agent use only. Not for distribution.

The information contained in this document is a brief summary of state variations and is NOT for quoting purposes. The content contained in this document does not represent actual claims distribution or serve as a substitute for the certificate of insurance.

Review all plan documents and amendments for full verification of benefits.

If there are any discrepancies between this handout and the certificate document(s), the certificate document(s) shall prevail.

Dependent Elig & Re-Apply Rules or State Mandate	Review Source for Details	Details	Deductible Applies	Coinsurance Applies
Orthotic and Prosthetic Device	Issue Instructions & Certificate	<ul style="list-style-type: none"> ● Benefit was revised to include: Benefits are provided for the most appropriate model that adequately meets the medical needs of the Covered Person as determined by the Covered Person’s treating physician or podiatrist and prosthetist or orthotist. 	Yes	Yes

Osteoporosis Benefit	Issue Instructions & Certificate	<ul style="list-style-type: none"> We will pay Eligible Expenses, as shown on the Schedule of Benefits, for bone mass measurement to determine the risk of osteoporosis and fractures associated with osteoporosis for a Qualified Covered Person. 	Yes	Yes
Papillomavirus & Cervical Cancer Testing	Issue Instructions & Certificate	<ul style="list-style-type: none"> We will pay Eligible Expenses, as shown on the Schedule of Benefits, for an annual medically recognized diagnostic examination for the early detection of cervical and ovarian cancer for female Covered Persons age 18 and older. Coverage includes a CA 125 blood test and conventional Pap smear screening or a screening using liquid-based cytology methods, as approved by the United States Food and Drug Administration, alone or in combination with a test approved by the United States Food and Drug Administration for the detection of the human papillomavirus. 	Yes	Yes
Phenylketonuria / Heritable Disease	Issue Instructions & Certificate	<ul style="list-style-type: none"> We will pay Eligible Expenses, as shown on the Schedule of Benefits, for formulas to treat Phenylketonuria or a Heritable Disease. 	Yes	Yes
Prescription Drug Benefit	Issue Instructions & Certificate	<p>The following changes were made to the Prescription Drug Benefit</p> <ul style="list-style-type: none"> A prescription eye drop refill was added A medication synchronization Plan was added Added Chronic Illness and Medication Synchronization Plan definitions 	n/a	Yes
Premium	Issue Instructions & Certificate	<ul style="list-style-type: none"> Premium <ul style="list-style-type: none"> Premium Rate Change – changed to “60” days from “31” days Grace Period – added “last day of the grace period” rather than date for which last premium payment was made”. 	n/a	n/a

TEXAS / PAGE 6 of 7 (Last Updated 10/28/20)

For agent use only. Not for distribution.

The information contained in this document is a brief summary of state variations and is NOT for quoting purposes.

The content contained in this document does not represent actual claims distribution or serve as a substitute for the certificate of insurance.

Review all plan documents and amendments for full verification of benefits.

If there are any discrepancies between this handout and the certificate document(s), the certificate document(s) shall prevail.

Dependent Elig & Re-Apply Rules or State Mandate	Review Source for Details	Details	Deductible Applies	Coinsurance Applies
Serious Mental Illness	Issue Instructions & Certificate	<ul style="list-style-type: none"> We will pay Eligible Expenses, as shown on the Schedule of Benefits for treatment, services, or supplies in connection with a Serious Mental Illness, except Serious Mental Illness resulting from: addiction to a controlled substance or marijuana that is used in violation of the law; or mental illness resulting from the use of a controlled substance or marijuana in violation of the law, if received: <ol style="list-style-type: none"> While confined in a Hospital; or 	Yes	Yes

		<p>2. On a group or individual outpatient basis at the following facilities in lieu of a Hospital Confinement, as certified by the Doctor:</p> <ol style="list-style-type: none"> Psychiatric Day Treatment Facility; Residential Treatment Center for Children and Adolescents. The facility must be accredited as a residential treatment center by the Council on Accreditation, the Joint Commission on Accreditation of Hospitals, or the American Association of Psychiatric Services for Children; and A Crisis Stabilization Unit. 		
Telemedicine Benefit	Issue Instructions & Certificate	<ul style="list-style-type: none"> Telemedicine Benefit now includes Telehealth 	Yes	Yes
Termination Provision	Issue Instructions & Certificate	<ul style="list-style-type: none"> The Termination provision: <ul style="list-style-type: none"> Extension of Benefits has been added No Continuous Coverage provision was revised, and the Renewability provision was deleted. 	n/a	n/a
TMJ	Issue Instructions & Certificate	<ul style="list-style-type: none"> We will pay Eligible Expense, as shown on the Schedule of Benefits, for diagnostic or surgical treatment of conditions affecting the temporomandibular joint, including the jaw and the craniomandibular joint, if the treatment is Medically Necessary as a result of: <ul style="list-style-type: none"> An accident; A trauma; A congenital defect; A developmental defect; or A pathology. <p>This Benefit does not include dental services</p>	Yes	Yes

TEXAS / PAGE 6 of 7 (Last Updated 10/28/20)

For agent use only. Not for distribution.

The information contained in this document is a brief summary of state variations and is NOT for quoting purposes. The content contained in this document does not represent actual claims distribution or serve as a substitute for the certificate of insurance.

Review all plan documents and amendments for full verification of benefits.

If there are any discrepancies between this handout and the certificate document(s), the certificate document(s) shall prevail.

2020 NRIC EPIC STM State Rules & Mandate Summary – [VIRGINIA](#) (Group)

Dependent Elig & Re-Apply Rules or State Mandate	Review Source for Details	Details	Deductible Applies	Coinsurance Applies
Dependent Eligibility Rules	Certificate	<p><i>Dependent</i> means any of the following whose coverage under the Policy has become effective and has not ended:</p> <ol style="list-style-type: none"> 1. The Insured's lawful Spouse or 2. The unmarried child or children of the Insured or the Insured's Spouse who are under 26 years of age. <p>Dependent includes a step-child, foster child, legally adopted child, child for whom the Insured is a party to a suit for adoption, child who has been placed in the Insured's home for adoption and a child or grandchild under the Insured's legal guardianship if such child depends primarily on the Insured for support. Dependent will also include a child whom the Insured is legally required to support due to court order or divorce decree.</p> <p>Coverage of an unmarried Dependent who is incapable of sustaining employment by reason of intellectual and developmental disability or physical disability, who became so incapacitated prior to the attainment of 26 years of age and who is chiefly dependent upon the Insured for support and maintenance shall continue so long as the coverage of the Insured remains in force and so long as the Dependent remains in such condition. At Our request and expense, the Insured must furnish proof of the incapacity or dependency to Us. If the incapacity or dependency is thereafter removed or terminated, the Covered Person must notify Us.</p>	n/a	n/a
Reapply Question	n/a	<ul style="list-style-type: none"> • n/a 	n/a	n/a
Automobile No-Fault Insurance	Issue Instructions & Certificate	<ul style="list-style-type: none"> • Removed exclusion for coverage under any automobile no-fault insurance. 	n/a	n/a
COB	Issue Instructions & Certificate	<ul style="list-style-type: none"> • Revised definition of Plan under Coordination of Benefits. 	n/a	n/a

VIRGINIA / PAGE 1 OF 2 (Last Updated 11/20/20)

For agent use only. Not for distribution.

The information contained in this document is a brief summary of state variations and is NOT for quoting purposes. The content contained in this document does not represent actual claims distribution or serve as a substitute for the certificate of insurance.

Review all plan documents and amendments for full verification of benefits.

If there are any discrepancies between this handout and the certificate document(s), the certificate document(s) shall prevail.

Dependent Elig & Re-Apply Rules or State Mandate	Review Source for Details	Details	Deductible Applies	Coinsurance Applies
Enrollment Form	Issue Instructions	<ul style="list-style-type: none"> Virginia specific fraud notice used on the application and the reference to 360 day coverage changed to 364 day coverage. 	n/a	n/a
Subrogation	Issue Instructions	<ul style="list-style-type: none"> Subrogation removed. 	n/a	n/a
Video & Telephone Consultations	Issue Instructions	<ul style="list-style-type: none"> Removed video and telephone consultations benefit because the Department considers that a PPO benefit 	n/a	n/a

VIRGINIA / PAGE 2 OF 2 (Last Updated 11/20/20)

For agent use only. Not for distribution.

The information contained in this document is a brief summary of state variations and is NOT for quoting purposes.
The content contained in this document does not represent actual claims distribution or serve as a substitute for the certificate of insurance.
Review all plan documents and amendments for full verification of benefits.
If there are any discrepancies between this handout and the certificate document(s), the certificate document(s) shall prevail.

Dependent Elig & Re-Apply Rules or State Mandate	Review Source for Details	Details	Deductible Applies	Coinsurance Applies
Dependent Eligibility Rules	Certificate	<p><i>Dependent</i> means any of the following whose coverage under the Policy has become effective and has not ended:</p> <ol style="list-style-type: none"> 1. The Insured's lawful Spouse or 2. The unmarried child or children of the Insured or the Insured's Spouse who are under 26 years of age. <p>Dependent includes a step-child, foster child, legally adopted child, child for whom the Insured is a party to a suit for adoption, child who has been placed in the Insured's home for adoption and a child or grandchild under the Insured's legal guardianship if such child depends primarily on the Insured for support. Dependent will also include a child whom the Insured is legally required to support due to court order or divorce decree.</p>	n/a	n/a
Reapply Question	n/a	<ul style="list-style-type: none"> • n/a 	n/a	n/a
Chronic Pain	Issue Instructions & Certificate	<ul style="list-style-type: none"> • We will pay Eligible Expenses, as shown on the Schedule of Benefits, for the treatment of Chronic Pain, when ordered by a Doctor, for the following services: <ol style="list-style-type: none"> 1. Physical therapy; 2. Occupational therapy; 3. Osteopathic manipulation; 4. A Chronic Pain Management Program; 5. Chiropractic services. <p>In the event that this Benefit duplicates another Benefit payable under the Policy, only the Benefit providing the highest benefit amount will be covered.</p>	Yes	Yes

WEST VIRGINIA / PAGE 1 of 3 (Last Updated 7/06/20)

For agent use only. Not for distribution.

The information contained in this document is a brief summary of state variations and is NOT for quoting purposes. The content contained in this document does not represent actual claims distribution or serve as a substitute for the certificate of insurance.

Review all plan documents and amendments for full verification of benefits.

If there are any discrepancies between this handout and the certificate document(s), the certificate document(s) shall prevail.

Dependent Elig & Re-Apply	Review Source for Details	Details	Deductible Applies	Coinsurance Applies
---------------------------	---------------------------	---------	--------------------	---------------------

Rules or State Mandate				
Dental Anesthesia	Issue Instructions & Certificate	<ul style="list-style-type: none"> We will pay Eligible Expenses, as shown on the Schedule of Benefits, for general anesthesia and associated Hospital or Ambulatory Surgical Center services in conjunction with dental care provided to the following: <ol style="list-style-type: none"> A child who is 7 years of age or younger or developmentally disabled for whom a successful result cannot be expected from dental care provided under local anesthesia because of a physical, intellectual or other medically compromising condition and for whom a superior result can be expected from dental care provided under general anesthesia; or A child who is 12 years of age or younger with documented phobias, or with documented mental illness, and with dental needs of such magnitude that treatment should not be delayed or deferred and for whom lack of treatment can be expected to result in infection, loss of teeth or other increased oral or dental morbidity and for whom a successful result cannot be expected from dental care provided under local anesthesia because of such condition and for whom a superior result can be expected from dental care provided under general anesthesia. 	Yes	Yes
Human Papilloma Virus Test	Issue Instructions & Certificate	<ul style="list-style-type: none"> We will pay Eligible Expenses, as shown on the Schedule of Benefits, for a test for the human papilloma virus (HPV), when medically appropriate and consistent with the current guidelines from either the United States Preventive Services Task Force or The American College of Obstetricians and Gynecologists for a female Covered Person age 18 and over. 	Yes	Yes
Kidney Disease Screening	Issue Instructions & Certificate	<ul style="list-style-type: none"> We will pay Eligible Expenses, as shown on the Schedule of Benefits, for annual kidney disease screening and laboratory testing as recommended by the National Kidney Foundation at the direction of a person licensed to practice medicine and surgery by the state Board of Medicine. The tests include blood pressure testing, urine albumin or urine protein testing and creatinine testing. 	Yes	Yes

WEST VIRGINIA / PAGE 2 of 3 (Last Updated 7/06/20)

For agent use only. Not for distribution.

The information contained in this document is a brief summary of state variations and is NOT for quoting purposes.

The content contained in this document does not represent actual claims distribution or serve as a substitute for the certificate of insurance.

Review all plan documents and amendments for full verification of benefits.

If there are any discrepancies between this handout and the certificate document(s), the certificate document(s) shall prevail.

Dependent Elig & Re-Apply	Review Source for Details	Details	Deductible Applies	Coinsurance Applies

Rules or State Mandate				
Lyme Disease	Issue Instructions & Certificate	<ul style="list-style-type: none"> We will pay Eligible Expenses, as shown on the Schedule of Benefits, for Medically Necessary long-term antibiotic therapy to treat Lyme disease, when prescribed by a Doctor, after making thorough evaluation of the Covered Person's: <ol style="list-style-type: none"> Symptoms; Diagnostic test results; or Response to treatment. 	Yes	Yes
Pap Smear	Issue Instructions & Certificate	<ul style="list-style-type: none"> We will pay Eligible Expenses, as shown on the Schedule of Benefits, for a pap smear, either conventional or liquid-based cytology, whichever is medically appropriate and consistent with the current guidelines from the United States Preventive Services Task Force or The American College of Obstetricians and Gynecologists, for a female Covered Person age 18 or over. 	Yes	Yes
Rehabilitation Services	Issue Instructions & Certificate	<ul style="list-style-type: none"> Rehabilitative Services means treatment, services and supplies for the purpose of restoring bodily function. These services may consist of physical therapy, occupational therapy, and speech therapy in an In-Patient and/or Outpatient setting. Care ceases to be Rehabilitative Services when either: <ul style="list-style-type: none"> The Covered Person can perform the activities which are normal for the same age and gender; or The Covered Person has reached the maximum therapeutic benefit and further Rehabilitative Services cannot restore further bodily function beyond the level the Covered Person currently possesses. 	Yes	Yes
RX Benefit	Issue Instructions & Certificate	<ul style="list-style-type: none"> Manufacturer coupons and third-party payments do not alter the contractual agreements between the PBM and a pharmacy in regard to Eligible Expenses under the Policy. Acceptance of these types of incentives or alternative payments methods to alter the Copay requirements collected by the pharmacy is solely at the prerogative of the pharmacy. Added Topical eye medication to the RX Benefit. Added a Step Therapy Protocol to the RX Benefit. 	n/a	Yes

WEST VIRGINIA / PAGE 3 of 3 (Last Updated 7/06/20)

For agent use only. Not for distribution.

The information contained in this document is a brief summary of state variations and is NOT for quoting purposes. The content contained in this document does not represent actual claims distribution or serve as a substitute for the certificate of insurance.

Review all plan documents and amendments for full verification of benefits.

If there are any discrepancies between this handout and the certificate document(s), the certificate document(s) shall prevail.

2020 NRIC EPIC STM State Rules & Mandate Summary – [WISCONSIN](#) (Group)

Dependent Elig & Re-Apply Rules or State Mandate	Review Source for Details	Details	Deductible Applies	Coinsurance Applies
Dependent Eligibility Rules	Certificate	<p><i>Dependent</i> means any of the following whose coverage under the Policy has become effective and has not ended:</p> <ol style="list-style-type: none"> 1. The Insured's lawful Spouse or 2. The unmarried child or children of the Insured or the Insured's Spouse who are under 26 years of age. <p>Dependent includes a step-child, foster child, legally adopted child, child for whom the Insured is a party to a suit for adoption, child who has been placed in the Insured's home for adoption and a child or grandchild under the Insured's legal guardianship if such child depends primarily on the Insured for support. Dependent will also include a child whom the Insured is legally required to support due to court order or divorce decree.</p>	n/a	n/a
Reapply Question	n/a	<ul style="list-style-type: none"> • State Regulation limits the coverage period of short-term limited duration policies to 364 days in one coverage period with the total number of consecutive coverage periods not exceeding 18 months of coverage. The applicant cannot apply for a new coverage period until the person has had a 63 day break in coverage from the termination date of the last short-term limited duration policy issued by any carrier. 	n/a	n/a
Grievance Procedures	Issues Instructions & Certificate	<ul style="list-style-type: none"> • Grievance Procedures were added to the certificate. 	n/a	n/a

WISCONSIN / PAGE 1 of 1 (Last Updated 6/10/20)

For agent use only. Not for distribution.

The information contained in this document is a brief summary of state variations and is NOT for quoting purposes. The content contained in this document does not represent actual claims distribution or serve as a substitute for the certificate of insurance. Review all plan documents and amendments for full verification of benefits.

If there are any discrepancies between this handout and the certificate document(s), the certificate document(s) shall prevail.