

2022 CLIC 1200 State Mandates for Choice, Economy, Standard, Deluxe & Core Plans Eligible Dependent & Re-apply Rules & State Mandate Summary

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2022 CLIC 1200 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 or Endorsement	<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 or Domestic Partner 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 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 for whom the Insured is legally required to support due to court order or divorce decree.</p>	n/a	n/a
Reapply Question	Duration Chart	<ul style="list-style-type: none"> • n/a 	n/a	n/a

ALABAMA / PAGE 1 of 1 (Last Updated 10/21/22)

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2022 CLIC 1200 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 Domestic Partner; or 2. The unmarried child or children of the Insured or the Insured's spouse or Domestic Partner 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 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 for whom the Insured is legally required to support due to court order or divorce decree.</p>	n/a	n/a
Reapply Question	Duration Chart	n/a	n/a	n/a
AIDS	Issue Instructions & Certificate	<ul style="list-style-type: none"> • AIDS limit is not allowed must cover same as any other sickness. 	Yes	Yes
Chiropractors	Issue Instructions	<ul style="list-style-type: none"> • Expenses incurred by chiropractors are covered the same as Doctors. 	Yes	Yes
Governed State	Issue Instructions & Certificate	<ul style="list-style-type: none"> • Statement that coverage is governed by a state other than Arizona was added <p>This Certificate is evidence of insurance provided under, forms part of and is governed by, the Group Policy (referred to as the "Policy") that has been issued in the state of: Delaware. The benefits of the Policy providing your coverage are governed primarily by the laws of a state other than Arizona.</p>	n/a	n/a

ARIZONA / PAGE 1 of 2 (Last Updated 10/10/22)

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Dependent Elig & Re-Apply Rules or State Mandate	Review Source for Details	Details	Deductible Applies	Co-Pay, Coinsurance Applies
Immediate Family	Issue Instructions & Certificate	<ul style="list-style-type: none"> Can't exclude services performed by members of the Insured's immediate family. 	n/a	n/a
Telehealth	Issue Instructions & Certificate	<ul style="list-style-type: none"> Must include coverage for telehealth services. 	Yes	Yes
Subrogation	Issue Instructions & Certificate	<ul style="list-style-type: none"> Subrogation, Right to Reimbursement and Third Party provisions are not allowed; provisions were removed. 	n/a	n/a

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2022 CLIC 1200 State Rules & Mandate Summary – ARKANSAS (Group)

Dependent Elig & Re-Apply Rules or State Mandate	Review Source for Details	Details	Deductible Applies	Co-Pay, 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 or Domestic Partner 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 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 for whom the Insured is legally required to support due to court order or divorce decree.</p>	n/a	n/a
Reapply Question	Plan Availability Chart	<ul style="list-style-type: none"> • n/a 	n/a	n/a
Autism Spectrum Disorders	Issue Instructions & Certificate	<ul style="list-style-type: none"> • Autism Spectrum Disorders to age 18 - up to \$50,000 per year. 	Yes	Yes
Child Preventive Care	Issue Instructions & Certificate	<ul style="list-style-type: none"> • Visits from birth to age 18. 	Yes	Yes
Colorectal Cancer	Issue Instructions & Certificate	<ul style="list-style-type: none"> • Colorectal cancer screening for persons over 45, under 45 if at high risk, or who are experience certain symptoms. Includes follow up colonoscopy, all exams, labs tests and preventive screenings. The Deductible/Coinsurance does not apply to colonoscopy if performed as a result of a positive result on a non- colonoscopy preventive screening tests or any additional screenings. 	Yes	Yes

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Dependent Elig & Re-Apply Rules or State Mandate	Review Source for Details	Details	Deductible Applies	Co-Pay, Coinsurance Applies
Craniofacial Anomaly	Issue Instructions & Certificate	<ul style="list-style-type: none"> Treatment/surgery for craniofacial anomaly, including reconstructive surgery, dental care, vision care, two hearing aids and molds for each ear, and dehumidifier every 4 years. 	Yes	Yes
Diabetic	Issue Instructions & Certificate	<ul style="list-style-type: none"> Supplies and Education including one training session. 	Yes	Yes
Dietary Products & Formulas	Issue Instructions & Certificate	<ul style="list-style-type: none"> Amino acid modified preparations; Low protein modified for products; Any other special dietary products and formulas; Food products limited to \$2,400. 	Yes	Yes
Duplicate Coverage	Issue Instructions & Certificate	<ul style="list-style-type: none"> If insured has another STM certificate with the company, the certificate that is void must also return premiums. 	n/a	n/a
Extension of Benefits	Issue Instructions & Certificate	<ul style="list-style-type: none"> Extension of benefits is required until no longer hospital confined, benefits exhausted or premium is not paid, even if the insured has other medical insurance. 	n/a	n/a
Gastroparesis	Issue Instructions & Certificate	<ul style="list-style-type: none"> Gastric pacemakers for persons with gastroparesis. 	Yes	Yes
Hearing	Issue Instructions	<ul style="list-style-type: none"> Treatment for loss or impairment of hearing or speech; Does not include hearing instruments or devices. 	Yes	Yes
Interest	Issue Instructions & Certificate	<ul style="list-style-type: none"> Electronic claims paid with in 30 days; all others 45 days or must pay interest. 	n/a	n/a

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Dependent Elig & Re-Apply Rules or State Mandate	Review Source for Details	Details	Deductible Applies	Co-Pay, Coinsurance Applies
Limiting Age	Issue Instructions & Certificate	<ul style="list-style-type: none"> Providing required proof of a dependent child that's reached the limiting age is at the expense of the company, not the insured. 	n/a	n/a
Newborn Coverage	Issue Instructions & Certificate	<ul style="list-style-type: none"> Newborn children are eligible for the first 90 days; adopted children for the first 60 days. Newborn coverage includes congenital defects, premature birth and tests for hypothyroidism, phenylketonuria, galactosemia, and sickle-cell anemia and all other genetic disorders for which screening is performed by or for the State of Arkansas. 	Yes	Yes
Off Label Drug Use	Issue Instructions & Certificate	<ul style="list-style-type: none"> Off label drug use of intravenous immunoglobulin to treat PANS/PANDAS. 	Yes	Yes
Orthotic & Prosthetic	Issue Instructions & Certificate	<ul style="list-style-type: none"> Devices & Services; No less than 80% of Medicare allowable. 	Yes	Yes
Out-of-Network Provider Hospital	Issue Instructions & Certificate	<ul style="list-style-type: none"> If an Insured Person is taken to an Out-Of-Network Provider Hospital for an Emergency Medical Condition, Inpatient Hospital Confinement benefits will be paid by Us at the In-Network level of benefit as specified in the Schedule of Benefits; The Insured Person must arrange transfer to an In-Network Hospital within 48 hours, <i>or as soon as the transfer may take place without detriment to the Insured Person's health.</i> 	Yes	Yes

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Dependent Elig & Re-Apply Rules or State Mandate	Review Source for Details	Details	Deductible Applies	Co-Pay, Coinsurance Applies
Prostate Cancer	Issue Instructions & Certificate	<p>We will pay Eligible Expenses, as shown on the Schedule of Benefits, for an annual screening for early detection of prostate cancer a male Insured Person 40 years of age or older according to the National Comprehensive Cancer Network guidelines. The prostate cancer screening must be performed by a qualified medical professional. If a medical practitioner recommends that a Covered Person undergo a prostate specific antigen blood test, this benefit will not be denied on the ground that the Covered Person has already had a digital rectal examination and the examination result was negative.</p> <p>Eligible Expenses consist of the following:</p> <ul style="list-style-type: none"> • A prostate-specific antigen blood test (PSAT); and • A digital rectal examination. 	No	Yes
RX Benefit	Issue Instructions & Certificate	<ul style="list-style-type: none"> • <u>When the Outpatient Prescription Drug benefit is included:</u> <ul style="list-style-type: none"> ○ • Must cover off label drugs for cancer. ○ • Copayments for orally administered anticancer meds must be the same as copayments for injected or intravenously administered anticancer meds. ○ • Cover contraceptives but no abortifacient drugs. 	No	Yes
Speech	Issue Instructions & Certificate	<ul style="list-style-type: none"> • Treatment for loss or impairment of hearing or speech; • Does not include hearing instruments or devices. 	Yes	Yes
Subrogate	Issue Instructions & Certificate	<ul style="list-style-type: none"> • Can only subrogate if the Insured has been made whole. 	n/a	n/a
Telehealth Services	Issue Instructions & Certificate	<ul style="list-style-type: none"> • Telehealth services, including audio only communication in real-time. Does not include fax, texts or email 	Yes	Yes

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2022 CLIC 1200 State Rules & Mandate Summary – DELAWARE (Group)

Dependent Elig & Re-Apply Rules or State Mandate	Review Source for Details	Details	Deductible Applies	Co-Pay, 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 or Domestic Partner 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 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 for whom the Insured is legally required to support due to court order or divorce decree.</p>	n/a	n/a
Reapply Question	Plan Availability Chart	<ul style="list-style-type: none"> • Has any person applying for coverage been covered under a nonrenewable Short Term Medical policy for a total of 3 months during the past 12 month period? • You must wait 9 months from the termination date of your last such policy before you can apply for a new Short Term Medical policy. 	n/a	n/a
Biologically based Mental Illness	Issue Instructions & Certificate	<ul style="list-style-type: none"> • Covered the same as any other sickness. 	Yes	Yes
Colorectal Cancer Screening	Issue Instructions & Certificate	<p>Colorectal cancer examinations and laboratory tests for cancer for a non-symptomatic Insured Person, in accordance with standard, accepted published medical practice guidelines for colorectal cancer screening, who is:</p> <ul style="list-style-type: none"> • At least 50 years of age; or • Less than 50 years of age and at High Risk for Colorectal Cancer according to the standard, accepted published medical practice guidelines • Includes the use of anesthetic agents, including general anesthesia. 	Yes	Yes
Lead Poisoning Testing	Issue Instructions & Certificate	<ul style="list-style-type: none"> • For child at 12 months • For child under 6 at high risk. 	Yes	Yes

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Dependent Elig & Re-Apply Rules or State Mandate	Review Source for Details	Details	Deductible Applies	Co-Pay, Coinsurance Applies
Mammography	Issue Instructions & Certificate	<p>We will pay Eligible Expenses, as shown in the Schedule of Benefits, for a mammogram as follows:</p> <ul style="list-style-type: none"> • A base line mammogram for asymptomatic women at least age 35, or as otherwise declared appropriate by the Director of the Division of Public Health or the Director's designee from time to time • A mammogram every 1 to 2 years for asymptomatic women aged 40 to 50 but no sooner than 2 years after a woman's baseline mammogram, or as otherwise declared appropriate by the woman's Doctor or the Director of the Division of Public Health or the Director's designee from time to time • A mammogram every year for asymptomatic women aged 50 and over, or as otherwise declared appropriate by the Director of the Division of Public Health or the Director's designee from time to time • A mammographic examination prescribed by a Doctor for any woman based on such Doctor's evaluation of the woman's physical conditions, symptoms or risk factors indicating a probability of breast cancer higher than the general population. 	Yes	Yes
Orally Administered Anticancer Meds	Issue Instructions & Certificate	<ul style="list-style-type: none"> • Applies when the Outpatient Prescription Drug benefit is included • Must be same as copayments for injected or intravenously administered anticancer meds. 	n/a	Yes
Ovarian Cancer Monitoring	Issue Instructions & Certificate	<ul style="list-style-type: none"> • No change from product benefit. • We will pay Eligible Expenses, as shown in the Schedule of Benefits, for Surveillance Tests for female Insured Persons At Risk for Ovarian Cancer. Such monitoring will be considered an Eligible Expense when the monitoring is not considered Experimental or Investigational. 	Yes	Yes
Pap Smears	Issue Instructions & Certificate	<ul style="list-style-type: none"> • Annual benefit for one cervical and endometrial cancer screening, known as a "pap smear," for all females aged 18 and over. 	Yes	Yes

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Dependent Elig & Re-Apply Rules or State Mandate	Review Source for Details	Details	Deductible Applies	Co-Pay, Coinsurance Applies
PKU & Other Inherited Metabolic Diseases	Issue Instructions & Certificate	<ul style="list-style-type: none"> Medical formulas and foods and low protein modified formulas and modified food products for the treatment of inherited metabolic diseases, if such medical formulas and foods or low protein modified formulas and food products are: (1) prescribed as Medically Necessary for the therapeutic treatment of inherited metabolic diseases, and (2) administered under the direction of a Doctor. 	Yes	Yes
Scalp Hair Prosthesis	Issue Instructions & Certificate	<ul style="list-style-type: none"> We will pay Eligible Expenses for a Scalp Hair Prosthesis worn for hair loss suffered as a result of alopecia areata, resulting from an autoimmune disease, when prostheses are covered. Such coverage will be subject to the same limitations and guidelines as other prostheses covered under the Certificate, provided that such coverage for alopecia areata shall not exceed \$500 per year. For the purposes of this Benefit, the following definitions apply: "Scalp Hair Prosthesis" means artificial substitutes for scalp hair that are made specifically for a specific individual. 	Yes	Yes

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2022 CLIC 1200 State Rules & Mandate Summary – FLORIDA (Group)

Dependent Elig & Re-Apply Rules or State Mandate	Review Source for Details	Details	Deductible Applies	Co-Pay, Coinsurance Applies
Dependent Eligibility Rules	Certificate or Endorsement	<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 or Domestic Partner 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 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 for whom the Insured is legally required to support due to court order or divorce decree.</p>	n/a	n/a
Reapply Question	Plan Availability Chart	<ul style="list-style-type: none"> • n/a 	n/a	n/a
AIDS	Issue Instructions & Certificate	<ul style="list-style-type: none"> • AIDS, ARC, or related immunodeficiency disorders can only be excluded if, in the opinion of a legally qualified Doctor, the insured first exhibited, prior to the first anniversary of the insured's coverage, objective manifestations of AIDS or ARC, as defined by the Centers for Disease Control and Prevention, which objective manifestations are attributable to no other cause or was diagnosed as having AIDS or ARC. • Cannot have limit. 	Yes	Yes
Anesthesia	Issue Instructions & Certificate	<ul style="list-style-type: none"> • Dental anesthesia for children under 8 who have developmental disability; • Any person who would have significant or under medical risk. 	Yes	Yes

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Breast Cancer	Issue Instructions & Certificate	<ul style="list-style-type: none"> Pre-existing condition definition. 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
Cleft Palate	Issue Instructions & Certificate	<ul style="list-style-type: none"> Cleft lip/palate services for child under age 18. 	Yes	Yes
Governed State	Issue Instructions & Certificate	<ul style="list-style-type: none"> Added disclosure to face page that coverage is governed by a state other than Florida. (must be shown in a different color or put in a text box.) <p>This Certificate is evidence of insurance provided under, forms part of and is governed by, the Group Policy (referred to as the "Policy") that has been issued in the state of: Delaware.</p> <p>The benefits of the Policy providing Your coverage are governed primarily by the law of a state other than Florida.</p>	n/a	n/a
Mammography	Issue Instructions & Certificate	<ul style="list-style-type: none"> Mammography – one baseline 35-39 years Every two years ages 40-49; Annually 50+ years old or more often on Drs. Recommendation; Those at risk in certain situations. Benefits are not subject to deductible. 	No	Yes
Mastectomy	Issue Instructions & Certificate	<ul style="list-style-type: none"> Includes outpatient post-surgical mastectomy care in any of the following settings: hospital; doctor's office; outpatient center or insured's home. 	Yes	Yes

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Dependent Elig & Re-Apply Rules or State Mandate	Review Source for Details	Details	Deductible Applies	Co-Pay, Coinsurance Applies
Newborn Child	Issue Instructions & Certificate	<ul style="list-style-type: none"> Newborn child transportation charges to nearest facility to treat newborn condition up to \$1,000. Newborn child of a dependent is covered for 18 months. Insured has 60 days to pay premium for a newborn. Only have to cover newborn for first 31 days. 	Yes	Yes
Osteoporosis	Issue Instructions & Certificate	<ul style="list-style-type: none"> Osteoporosis for insureds who have primary hyperparathyroidism; or a family history of osteoporosis. 	Yes	Yes
Pap test and exam	Issue Instructions & Certificate	<ul style="list-style-type: none"> Pap test and Exam - Benefits are not subject to deductible. 	No	Yes
Routine Child Care	Issue Instructions & Certificate	<ul style="list-style-type: none"> Routine child care from birth to age 16, not subject to deductible (not just immunizations). 	No	Yes
TMJ	Issue Instructions & Certificate	<ul style="list-style-type: none"> Cannot exclude TMJ. Okay to have a limit. 	Yes	Yes
Legal Actions	Issue Instructions & Certificate	<ul style="list-style-type: none"> Time frame to bring suit is 5 years from proof of loss. 	N/A	N/A

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2022 CLIC 1200 State Rules & Mandate Summary – GEORGIA (Group)

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Dependent Eligibility Rules	Certificate or Endorsement	<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 or Domestic Partner 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 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 for whom the Insured is legally required to support due to court order or divorce decree.</p>	n/a	n/a
Reapply Question	Plan Availability Chart	<ul style="list-style-type: none"> • n/a 	n/a	n/a
AIDS	Issue Instructions & Certificate	<ul style="list-style-type: none"> • Must cover AIDS and cannot have any limits for benefits. <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
Look back	Issue Instructions	<ul style="list-style-type: none"> • Look back period for conditions is 6 months and preventive services cannot be considered receiving treatment or advice; look back period for symptoms is [12-60] months. 	Yes	Yes

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2022 CLIC 1200 State Rules & Mandate Summary –ILLINOIS Group

Dependent Elig & Re-Apply Rules or State Mandate	Review Source for Details	Details	Deductible Applies	Co-Pay, 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 or Domestic Partner 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 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 for whom the Insured is legally required to support due to court order or divorce decree. "Children" also includes children who are military veteran dependents under age 30 if the military veterans: (a) are Illinois residents; (b) are not married; (c) have served in the active or reserve components of the U.S. Armed Forces (which includes the National Guard); and (d) have received a release or discharge other than a dishonorable discharge.</p> <p>The term "Dependent" also includes a Partner to a Civil Union.</p>	n/a	n/a
Reapply Question	Plan Availability Chart	<ul style="list-style-type: none"> • Has any person applying for coverage been covered under a nonrenewable Short Term Medical policy issued by Companion Life Insurance Company during the past 60 days? • You must wait 60 days from the termination date of your last such policy issued by Companion Life Insurance Company before you can apply for a new Short Term Medical policy. 	n/a	n/a
Alcoholism - Inpatient	Issue Instructions & Certificate	<ul style="list-style-type: none"> • Inpatient alcoholism – benefits paid the same as any other sickness 	Yes	Yes

ILLINOIS / PAGE 1 of 4 (Last Updated 10/11/22)

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Dependent Elig & Re-Apply Rules or State Mandate	Review Source for Details	Details	Deductible Applies	Co-Pay, Coinsurance Applies
Amino Acid	Issue Instructions & Certificate	<ul style="list-style-type: none"> We will pay Eligible Expenses for amino acid-based elemental formulas, regardless of delivery method, for the diagnosis and treatment of eosinophilic disorders and short bowel syndrome when the prescribing Doctor has issued a written order stating that the amino acid-based elemental formula is Medically Necessary. 	Yes	Yes
Claim Payment	Issue Instructions & Certificate	<ul style="list-style-type: none"> Pay claims within 30 days. Claims after 30 days incur 9% per annum. Added complaint contact information if claim is denied. 	n/a	n/a
Colorectal Cancer	Issue Instructions & Certificate	<ul style="list-style-type: none"> Colorectal cancer screening and fecal occult blood testing - every 3 years for 50+; and high risk or first-degree family member when less than 50 	Yes	Yes
Dental Anesthesia	Issue Instructions & Certificate	<ul style="list-style-type: none"> Dental anesthesia for child 6 and under; persons with medical condition; persons with disability; Under 19 with autism. 	Yes	Yes
Diabetes	Issue Instructions & Certificate	<ul style="list-style-type: none"> Diabetes education, equipment and supplies, including insulin received on an inpatient basis. Training limited to 3 visits on initial diagnosis; 2 visits when significant change 	Yes	Yes
Exclusions	Issue Instructions & Certificate	<ul style="list-style-type: none"> Exclusions – can only exclude for loss caused by or resulting from (removed 'contributing to') Can only exclude non-emergency injuries due to being under the influence of alcohol or drugs 	n/a	n/a
HPV Vaccine	Issue Instructions & Certificate	<ul style="list-style-type: none"> HPV vaccine; Shingles vaccine for 60 or older 	Yes	Yes

ILLINOIS / PAGE 2 of 4 (Last Updated 10/11/22)

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Dependent Elig & Re-Apply Rules or State Mandate	Review Source for Details	Details	Deductible Applies	Co-Pay, Coinsurance Applies
Mammography / Breast Exams	Issue Instructions & Certificate	<ul style="list-style-type: none"> Mammography: baseline 35-39; annual 40+; women at risk under 40 at intervals per doctor; includes an MRI of the breast when medically necessary Clinical breast exams every 3 years for women 20-40 and annually for women 40+ 	Yes	Yes
Mandated Benefits - OON	Issue Instructions	<ul style="list-style-type: none"> If the policy does not normally cover the benefit when out of network, it is not required to be covered under the mandate. 	n/a	n/a
Mastectomy	Issue Instructions & Certificate	<ul style="list-style-type: none"> Inpatient stay for mastectomy for as long as doctor requires, including an office visit or in-home nurse visit within 48 hours 	Yes	Yes
Pre-Authorization	Issue Instructions	<ul style="list-style-type: none"> Penalty for not pre-authorizing is limited to \$1,000. 	n/a	n/a
Rescission	Issue Instructions & Certificate	<ul style="list-style-type: none"> Only Intentional misstatements and nonpayment of premium can be used for rescission. 	n/a	n/a
Termination Section	Issue Instructions & Certificate	<ul style="list-style-type: none"> Added in Termination Section a provision that states the insured can terminate their coverage on any 30 day interval; that coverage cannot be renewed or extended; that there must be a break in coverage of 60 days before they can apply for another certificate with CLIC. 	n/a	n/a
Third Party Liability	Issue Instructions & Certificate	<ul style="list-style-type: none"> Third party liability provision revised. 	n/a	n/a

ILLINOIS / PAGE 3 of 4 (Last Updated 10/11/22)

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Dependent Elig & Re-Apply Rules or State Mandate	Review Source for Details	Details	Deductible Applies	Co-Pay, Coinsurance Applies
TMJ	Issue Instructions & Certificate	<ul style="list-style-type: none"> • TMJ. Not to exceed \$2,500 per Coverage Period 	Yes	Yes
Waiting Period	Issue Instructions & Certificate	<ul style="list-style-type: none"> • Maximum waiting period is 3 months since coverage is limited to 6 months. 	n/a	n/a

ILLINOIS / PAGE 4 of 4 (Last Updated 10/11/22)

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2022 CLIC 1200 State Rules & Mandate Summary – INDIANA (Group)

Dependent Elig & Re-Apply Rules or State Mandate	Review Source for Details	Details	Deductible Applies	Co-Pay, 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 child or children of the Insured or the Insured's spouse or Domestic Partner who are under 26 years of age; or 3. A child subject to legal guardianship who has not yet reached age 26. <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 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 for whom the Insured is legally required to support due to court order or divorce decree.</p>	n/a	n/a
Reapply Question	Plan Availability Chart	<ul style="list-style-type: none"> • n/a 	n/a	n/a
Adopted Child	Issue Instructions & Certificate	<ul style="list-style-type: none"> • Coverage will be effective upon the earlier of: (1) the date of birth if the petition for adoption is filed within 31 days of the birth of such child; or (2) the date of placement for the purpose of adoption if a petition for adoption is filed within 31 days of placement of such child. 	n/a	n/a
AIDS	Issue Instructions & Certificate	<ul style="list-style-type: none"> • AIDS – removed inside limit • 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

INDIANA / PAGE 1 of 3 (Last Updated 10/10/22)

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Dependent Elig & Re-Apply Rules or State Mandate	Review Source for Details	Details	Deductible Applies	Co-Pay, Coinsurance Applies
Claims	Issue Instructions & Certificate	<ul style="list-style-type: none"> Claims paid within 30 days for electronic claim: 45 days for paper. Interest must be paid if late. Up to \$5,000 can be paid to relative deemed entitled (not \$1,000) 	n/a	n/a
DOI Complaint	Issue Instructions & Certificate	<ul style="list-style-type: none"> Added Complaint information If you need the assistance of the governmental agency that regulates insurance; or have a complaint you have been unable to resolve with the Company you may contact the Department of Insurance by mail, telephone or email: State of Indiana Department of Insurance: Consumer Services Division 311 West Washington Street, Suite 300 Indianapolis, Indiana 46204 Consumer Hotline: (800) 622-4461; (317) 232-2395 Complaints can be filed electronically at www.in.gov/idoi. 	n/a	n/a
Enrollment Form	Issue Instructions	<ul style="list-style-type: none"> Note that the overall maximum benefit is \$2,000,000 Question 4: removed 'or had symptoms' Added ACA open enrollment disclaimer. This language must remain in bold and minimum of 10pt font. 	n/a	n/a
Free Look	Issue Instructions	<ul style="list-style-type: none"> 30-day free look (not 10 day) 	n/a	n/a
Incapacitated Child	Issue Instructions & Certificate	<ul style="list-style-type: none"> Incapacitated child – changed to 'mental', intellectual or physical disability. Insured has 120 days to provide proof (not 31) 	n/a	n/a
Incontestability	Issue Instructions & Certificate	<ul style="list-style-type: none"> Incontestability after 2 years – can't contest due to fraud 	n/a	n/a

INDIANA / PAGE 2 of 3 (Last Updated 10/10/22)

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Dependent Elig & Re-Apply Rules or State Mandate	Review Source for Details	Details	Deductible Applies	Co-Pay, Coinsurance Applies
Newborns	Issue Instructions & Certificate	<ul style="list-style-type: none"> Newborns – coverage includes inpatient or outpatient expenses arising from medical and dental treatment, orthodontic and oral surgery treatment, involved in the management of birth defects known as cleft lip and cleft palate. 	Yes	Yes
Telemedicine Services	Issue Instructions & Certificate	<ul style="list-style-type: none"> We will pay Eligible Expenses incurred for telehealth services with the same clinical criteria provided for other services under this coverage. 	Yes	Yes

INDIANA / PAGE 3 of 3 (Last Updated 10/10/22)

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2022 CLIC 1200 State Rules & Mandate Summary – KENTUCKY (Group)

Dependent Elig & Re-Apply Rules or State Mandate	Review Source for Details	Details	Deductible Applies	Co-Pay, 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 or Domestic Partner 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 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 for whom the Insured is legally required to support due to court order or divorce decree.</p>	n/a	n/a
Reapply Question	Plan Availability Chart	<ul style="list-style-type: none"> • n/a 	n/a	n/a
AIDS	Issue Instructions & Certificate	<ul style="list-style-type: none"> • Must cover / No limits. 	Yes	Yes
Appeal Procedure	Issue Instructions & Certificate	<ul style="list-style-type: none"> • Special Appeals Procedures – See certificate. 	n/a	n/a
Breast Cancer Treatment	Issue Instructions & Certificate	<ul style="list-style-type: none"> • Includes treatment by high dose chemo with autologous bone marrow transplantation or stem cell transplantation that is not experimental. 	Yes	Yes
COB Provision	Issue Instructions & Certificate	<ul style="list-style-type: none"> • Revised – See certificate. 	n/a	n/a

KENTUCKY / PAGE 1 of 3 (Last Updated 10/31/22)

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Dependent Elig & Re-Apply Rules or State Mandate	Review Source for Details	Details	Deductible Applies	Co-Pay, Coinsurance Applies
Continuation of Coverage	Issue Instructions & Certificate	<ul style="list-style-type: none"> Provide continuation of coverage if insured loses eligibility because they are no longer member of association. 	n/a	n/a
Definition of Doctors	Issue Instructions & Certificate	<ul style="list-style-type: none"> Doctors include licensed psychologists, licensed clinical social workers, optometrists, osteopaths, chiropractors, podiatrists and dentists. 	n/a	n/a
Enrollment Form	Issue Instructions & Certificate	<ul style="list-style-type: none"> Can't ask if they are eligible for Medicaid. Removed symptoms, consultation and abnormal test results from Question 4. Added authorization paragraph. 	n/a	n/a
Extension of Benefits	Issue Instructions & Certificate	<ul style="list-style-type: none"> Not to exceed 90 days (removed 30 day minimum). 	n/a	n/a
Fraud	Issue Instructions & Certificate	<ul style="list-style-type: none"> Must be material to the acceptance of risk. 	n/a	n/a
Home Health Care	Issue Instructions & SOB	<ul style="list-style-type: none"> Minimum number of visits is 60. 	Yes	Yes

KENTUCKY / PAGE 2 of 3 (Last Updated 10/31/22)

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Dependent Elig & Re-Apply Rules or State Mandate	Review Source for Details	Details	Deductible Applies	Co-Pay, Coinsurance Applies
Mammogram	Issue Instructions & Certificate	<ul style="list-style-type: none"> • Mammograms – includes females at risk at any age. Minimum is \$50 per exam. Plans covers without limits • We will pay Eligible Expenses, as shown on the Schedule of Benefits, for a low-dose mammography screening for persons who have no sign or symptom of breast cancer and when performed on dedicated equipment which meets the guidelines established by the American College of Radiology and upon self-referral or on referral by a health care practitioner acting within the scope of the practitioner's licensure. This includes the following: <ol style="list-style-type: none"> 1. one screening mammogram to persons age 35 through 39; 2. one mammogram every two years for persons ages 40 through 49; 3. one mammogram per year for a person 50 years of age and over; and • 4. any Insured Person, regardless of age, who has been diagnosed with breast disease upon referral by a health care practitioner acting within the scope of the practitioner's licensure. 	Yes	Yes
Mental Disorders	Issue Instructions & SOB	<ul style="list-style-type: none"> • Must cover / No limits. 	Yes	Yes
Mental Disorders Definition	Issue Instructions & Certificate	<ul style="list-style-type: none"> • Mental Disorders definition changed to: Mental Disorder means psychosis, neurosis or an emotional disorder. Mental Disorder does not include Substance Abuse. 	n/a	n/a
Non-medical Nuclear Radiation	Issue Instructions & Certificate	<ul style="list-style-type: none"> • Excluding treatment for non-medical nuclear radiation applies only if insured was involved in the release. 	n/a	n/a
TMJ	Issue Instructions	<ul style="list-style-type: none"> • Must cover / No limits. 	Yes	Yes

KENTUCKY / PAGE 3 of 3 (Last Updated 10/31/22)

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2022 CLIC 1200 State Rules & Mandate Summary – LOUISIANA (Group)

Dependent Elig & Re-Apply Rules or State Mandate	Review Source for Details	Details	Deductible Applies	Co-Pay, 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 or Domestic Partner 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, and 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 for whom the Insured is legally required to support due to court order or divorce decree.</p>	n/a	n/a
Reapply Question	Plan Availability Chart	<ul style="list-style-type: none"> • n/a 	n/a	n/a
Balance Bill	Issue Instructions & Certificate Face Page	<ul style="list-style-type: none"> • Notice added to face page: <i>NOTICE: YOUR SHARE OF THE PAYMENT FOR HEALTH CARE SERVICES MAY BE BASED ON THE AGREEMENT BETWEEN YOUR HEALTH PLAN AND YOUR PROVIDER. UNDER CERTAIN CIRCUMSTANCES, THIS AGREEMENT MAY ALLOW YOUR PROVIDER TO BILL YOU FOR AMOUNTS UP TO THE PROVIDER'S REGULAR BILLED CHARGES.</i> 	n/a	n/a
Chiropractic Care	Issue Instructions & Certificate	<ul style="list-style-type: none"> • Can't exclude chiropractic care. (This does not mean we have to include the manipulative services benefit) 	Yes	Yes
COB	Issue Instructions	<ul style="list-style-type: none"> • Removed the COB provision 	n/a	n/a

LOUISIANA / PAGE 1 of 3 (Last Updated 11/03/22)

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Dependent Elig & Re-Apply Rules or State Mandate	Review Source for Details	Details	Deductible Applies	Co-Pay, Coinsurance Applies
Dependent Children	Issue Instructions & Certificate	<ul style="list-style-type: none"> Must cover adopted child placed in the home following act of voluntary surrender for at least 31 days. 	n/a	n/a
Drug Exclusion	Issue Instructions & Certificate	<ul style="list-style-type: none"> Drug exclusion changed 'drugs taking in accordance with a treatment plan' to 'narcotics, unless administered on the advice of a doctor'. 	Yes	Yes
Emergency Services	Issue Instructions & Certificate	<ul style="list-style-type: none"> <i>Emergency Services</i> means emergency medical services even if it is determined that the Emergency Medical Condition is later identified through screening not to be an actual emergency, except in the following cases: <ol style="list-style-type: none"> material misrepresentation, fraud, omission, or clerical error any payment reductions due to applicable Copayments, Coinsurance, or Deductibles which may be the responsibility of the Insured Person; and cases in which the Insured Person does not meet the Emergency definition, unless the Insured Person has been referred to the emergency department by the Insured Person's primary care Doctor or other agent acting on behalf of the Company. 	Yes	Yes
Free Look	Issue Instructions	<ul style="list-style-type: none"> Free look. Requires 30 day free look, instead of 10 days. 	n/a	n/a
Genetic Notice	Issue Instructions	<ul style="list-style-type: none"> Genetic notice added to medical questions: Notice: Genetic information, receipt of genetic services or refusal to submit to a genetic test may not be used to terminate, cancel, limit, or deny coverage or establish differentials in premiums. 	n/a	n/a
Hospital	Issue Instructions & Certificate	<ul style="list-style-type: none"> Includes a state tax supported institution. 	Yes	Yes
ID Card	Issue Instructions	<ul style="list-style-type: none"> Must include "Fully Insured" on it. 	n/a	n/a

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Dependent Elig & Re-Apply Rules or State Mandate	Review Source for Details	Details	Deductible Applies	Co-Pay, Coinsurance Applies
Injury while Detained	Issue Instructions & Certificate	<ul style="list-style-type: none"> Can't exclude injury incurred while person is detained in a correctional facility and person has not been adjudicated or convicted of a criminal offense. 	Yes	Yes
Premium Change Notice	Issue Instructions & Certificate	<ul style="list-style-type: none"> Have to give a 45 day advance written notice for premium rate changes. 	n/a	n/a
Reinstatement Provision	Issue Instructions & Certificate	<ul style="list-style-type: none"> Added reinstatement provision. 	n/a	n/a
Replacement Question	Issue Instructions	<ul style="list-style-type: none"> Replacement question added: Will you, or any dependent if applicable, be replacing existing limited benefit. If yes, please refer to the Notice to Applicant Regarding Replacement of Limited Benefit Insurance. 	n/a	n/a

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2022 CLIC 1200 State Rules & Mandate Summary – MICHIGAN (Group)

Dependent Elig & Re-Apply Rules or State Mandate	Review Source for Details	Details	Deductible Applies	Co-Pay, 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 or Domestic Partner 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 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 for whom the Insured is legally required to support due to court order or divorce decree.</p>	n/a	n/a
Reapply Question	Plan Availability Chart	<ul style="list-style-type: none"> • Has any person applying for coverage been covered under any nonrenewable Short Term Medical policies for a total of 185 days during the past 365 days? • 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 any carrier. 	n/a	n/a

MICHIGAN / PAGE 1 of 1 (Last Updated 11/03/22)

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2022 CLIC 1200 State Rules & Mandate Summary – MISSISSIPPI Group)

Dependent Elig & Re-Apply Rules or State Mandate	Review Source for Details	Details	Deductible Applies	Co-Pay, 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 or Domestic Partner 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 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 for whom the Insured is legally required to support due to court order or divorce decree.</p>	n/a	n/a
Reapply Question	Plan Availability Chart	<ul style="list-style-type: none"> • n/a 	n/a	n/a
Autism Spectrum Disorders	Issue Instructions & Certificate	<ul style="list-style-type: none"> • Autism spectrum disorders. Applied behavior analysis to age 8. 	Yes	Yes
Autopsy	Issue Instructions	<ul style="list-style-type: none"> • Autopsy not allowed. 	n/a	n/a
COB	Issue Instructions & Certificate	<ul style="list-style-type: none"> • COB. Individual or family insurance is not included. 	n/a	n/a
Interest on Claims	Issue Instructions & Certificate	<ul style="list-style-type: none"> • Time limits on payment of claims for clean claims submitted electronically vs paper. Interest must be paid if claims are paid late. 	n/a	n/a

MISSISSIPPI / PAGE 1 of 2 (Last Updated 10/26/22)

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Dependent Elig & Re-Apply Rules or State Mandate	Review Source for Details	Details	Deductible Applies	Co-Pay, Coinsurance Applies
Notice of Claims	Issue Instructions & Certificate	<ul style="list-style-type: none"> Allow 30 days (not 20) for notice of claims. 	n/a	n/a
Rate Changes	Issue Instructions & Certificate	<ul style="list-style-type: none"> 60 day (not 30) day notice for any rate changes. 	n/a	n/a
Subrogation / Third Party Liability	Issue Instructions & Certificate	<ul style="list-style-type: none"> Subrogation/Third Party Liability - only allowed after person has been made whole. 	n/a	n/a
TMJ & Craniomandibular Disorders	Issue Instructions	<ul style="list-style-type: none"> TMJ and Craniomandibular disorders. Minimum limit is \$5,000 per coverage period. 	Yes	Yes

MISSISSIPPI / PAGE 2 of 2 (Last Updated 10/26/22)

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2022 CLIC 1200 State Rules & Mandate Summary – NEBRASKA (Group)

Dependent Elig & Re-Apply Rules or State Mandate	Review Source for Details	Details	Deductible Applies	Co-Pay, Coinsurance Applies
Dependent Eligibility Rules	Certificate or Endorsement	<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 or Domestic Partner 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 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 for whom the Insured is legally required to support due to court order or divorce decree.</p>	n/a	n/a
Reapply Question	Plan Availability Chart	<ul style="list-style-type: none"> • n/a 	n/a	n/a
10 Day Free Look	Issue Instructions & Certificate	Within 10 days after the Insured receives the Certificate, or notice electronically that the Certificate is available, it may be canceled and returned in person or by regular mail to the Company, its agency office or the agent who sold it to the Insured for any reason. The Company will void the Certificate and return the premium to the payee. Then the Insured and the Company will be in the same position as if a Certificate had never been issued.	n/a	n/a
AIDS	Issue Instructions & Certificate	<ul style="list-style-type: none"> • Can include limits. 	Yes	yes

NEBRASKA / PAGE 1 of 4 (Last Updated 10/07/22)

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Dependent Elig & Re-Apply Rules or State Mandate	Review Source for Details	Details	Deductible Applies	Co-Pay, Coinsurance Applies
Alcoholism	Issue Instructions & Certificate	<ul style="list-style-type: none"> Inpatient no dollar limits but can have minimum of 31 days; Outpatient no dollar limits but can have minimum of 60 days. 		
Chemotherapy	Issue Instructions & Certificate	<ul style="list-style-type: none"> Includes orally administered chemo the same as intravenously or injected medications (can require pre-authorization) 	Yes	Yes
Child Immunizations	Issue Instructions & Certificates	<ul style="list-style-type: none"> Must cover to a minimum age 6 but plans cover to age 16. Immunizations are not subject to the Deductible. <p>Additional services performed during an office visit <u>are</u> subject to Deductible and Coinsurance.</p>	No	Yes
COB	Issue Instructions & Certificate	<ul style="list-style-type: none"> Plans do not include individual or family insurance 	n/a	n/a
Colorectal Cancer	Issue Instructions & Certificate	<p>We will pay Eligible Expenses, as shown on the Schedule of Benefits, for colorectal cancer examinations and laboratory tests for cancer for a nonsymptomatic Insured Person, in accordance with standard, accepted published medical practice guidelines for colorectal cancer screening, who is:</p> <ol style="list-style-type: none"> At least 50 years of age; or Less than 50 years of age and at high risk for colorectal cancer according to the standard, accepted published medical practice guidelines. <p>This includes a maximum of one screening fecal occult blood test annually and a flexible sigmoidoscopy every five years, a colonoscopy every ten years, or a barium enema every five to ten years, or any combination, or the most reliable, medically recognized screening test available. The screens selected shall be deemed appropriate by a Doctor and the Insured Person.</p>	Yes	Yes

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Dependent Elig & Re-Apply Rules or State Mandate	Review Source for Details	Details	Deductible Applies	Co-Pay, Coinsurance Applies
Complaint and Grievance Procedure	Issue Instructions & Certificate	<ul style="list-style-type: none"> Added a Complaint and Grievance Procedure. 	n/a	n/a
Deceased Payment	Issue Instructions & Certificate	<ul style="list-style-type: none"> Pay up to \$5,000 in claims to a relative if insured is deceased and there is no beneficiary 	n/a	n/a
Diabetes	Issue Instructions & Certificate	<ul style="list-style-type: none"> Includes insulin measurements and aids for visually impaired and pain management materials. Self- management training is limited to \$500 every two years 	Yes	Yes
Mammography	Issue Instructions & Certificate	<p>Eligible Expenses, as shown on the Schedule of Benefits, for:</p> <ul style="list-style-type: none"> a baseline mammogram for a female Insured Person ages 35 through 39 years; an annual mammography screening every 2 years for a female Insured Person ages 40 through 49 or more frequently based on the Doctor's recommendation; and a mammogram every year for any female Insured Person age 50 or older. 	Yes	Yes
Pre-existing conditions	Issue Instructions & Certificate	<ul style="list-style-type: none"> Can't exclude symptoms: <i>Pre-Existing</i> Condition means a disease or condition for which medical treatment, diagnosis, care or advice was recommended or received from a Doctor within the 24-month period immediately prior to the Insured Person's Effective Date. 	n/a	n/a
Prescription Drug (IF Included on SOB)	Issue Instructions & Certificate	<ul style="list-style-type: none"> When the Outpatient Prescription Drug benefit is included: must include medication synchronization. 		

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Dependent Elig & Re-Apply Rules or State Mandate	Review Source for Details	Details	Deductible Applies	Co-Pay, Coinsurance Applies
Reinstatement	Issue Instructions & Certificate	<ul style="list-style-type: none"> Added reinstatement provision – See Certificate 	n/a	n/a
Substance Abuse	Issue Instructions & Certificate	<ul style="list-style-type: none"> Changed Substance Abuse to Drug Abuse and remove alcoholism from definition: <i>Drug Abuse</i> means 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 Disorders or alcoholism. 	Yes	Yes
Telehealth	Issue Instructions & Certificate	<ul style="list-style-type: none"> Services paid same as if provided thru in person 	Yes	Yes
TMJ	Issue Instructions & Certificate	<ul style="list-style-type: none"> Can include limits 	Yes	Yes

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2022 CLIC 1200 State Rules & Mandate Summary – [NEVADA](#) Group)

Dependent Elig & Re-Apply Rules or State Mandate	Review Source for Details	Details	Deductible Applies	Co-Pay, Coinsurance Applies
Dependent Eligibility Rules	Certificate or Endorsement	<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 or Domestic Partner 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 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 for whom the Insured is legally required to support due to court order or divorce decree</p>	n/a	n/a
Reapply Question	Plan Availability Chart	<ul style="list-style-type: none"> • Has any person applying for coverage been covered under a nonrenewable Short Term Medical policy for a total of 185 days during the past 365 days? • You must wait 180 days from the termination date of your last such policy before you can apply for a new Short Term Medical policy. 	n/a	n/a
Claims Appeal Provision	Issue Instructions & Certificate	<ul style="list-style-type: none"> • Added Claims Appeal provision. 	n/a	n/a
Clinical Trials	Issue Instructions & Certificate	<ul style="list-style-type: none"> • We will pay Eligible Expenses the same as any other Sickness for a person who receives medical treatment as part of a clinical trial or study. Coverage for medical treatment is limited to coverage for any drug or device that is approved for sale by the Food and Drug Administration without regard to whether the approved drug or device has been approved for use in the medical treatment of the Insured Person. Coverage for clinical trials are subject to the same deductible, copayment, coinsurance and other such conditions for coverage that are required for any other illness. 	Yes	Yes
Colorectal Cancer Screening	Issue Instructions & Certificate	<ul style="list-style-type: none"> • Colorectal cancer screening - according to the American Cancer Society guidelines. 	Yes	Yes

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Dependent Elig & Re-Apply Rules or State Mandate	Review Source for Details	Details	Deductible Applies	Co-Pay, Coinsurance Applies
Diabetes	Issue Instructions & Certificate	<ul style="list-style-type: none"> Diabetes – included self-management of diabetes training and education. 	Yes	Yes
Domestic Partners Definition	Issue Instructions & Certificate	<ul style="list-style-type: none"> Revised definition of Domestic Partners. <p><i>Domestic Partner</i> means two persons desiring to enter into a domestic partnership that have furnished proof satisfactory to Nevada’s Office of the Secretary of State that:</p> <ol style="list-style-type: none"> Both persons have a common residence; Neither person is married or a member of another domestic partnership; The two persons are not related by blood in a way that would prevent them from being married to each other in this State; Both persons are at least 18 years of age; and Both persons are competent to consent to the domestic partnership. 	n/a	n/a
Gynecological Exam	Issue Instructions & Certificate	<ul style="list-style-type: none"> We will pay Eligible Expenses, as shown on the Schedule of Benefits, for a routine annual obstetrical/gynecological examination. 	Yes	Yes
HPV Vaccine	Issue Instructions & Certificate	<ul style="list-style-type: none"> HPV vaccine including deoxyribonucleic acid testing for high-risk strains of HPV every three years for women 30 years of age or older. 	Yes	Yes
Inherited Metabolic Diseases	Issue Instructions & Certificate	<ul style="list-style-type: none"> Inherited metabolic diseases; prescribed special food products as defined are limited to \$2,500 per year. 	Yes	Yes
Injury While Intoxicated	Issue Instructions	<ul style="list-style-type: none"> Can’t exclude injury while intoxicated, unless the injury was caused while committing a felony. 	Yes	Yes

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Dependent Elig & Re-Apply Rules or State Mandate	Review Source for Details	Details	Deductible Applies	Co-Pay, Coinsurance Applies
Male Sterilization	Issue Instructions & Certificate	<ul style="list-style-type: none"> Revised exclusion 8 to include male sterilization or reversal of sterilization. 	n/a	n/a
Mammogram	Issue Instructions & Certificate	<ul style="list-style-type: none"> We will pay Eligible Expenses, as shown on the Schedule of Benefits, for a baseline mammogram for a female Insured Person ages 35 through 39 years once every 5 years; and annual mammography screening for a female Insured Person age 40 or older. 	Yes	Yes
RX Benefits	Issue Instructions & Certificate	<ul style="list-style-type: none"> Outpatient RX Benefits Must cover contraceptive drugs and devices Must cover therapeutic equivalent drugs Must cover oral anticancer medications when Rx is covered – copayment cannot exceed \$100 plans do not have copay higher than \$75 	n/a	Yes
Prostate Screening	Issue Instructions & Certificate	<ul style="list-style-type: none"> Prostate screenings – according to the American Cancer Society guidelines. 	Yes	Yes
Reconstructive Surgery	Issue Instructions & Certificate	<ul style="list-style-type: none"> Reconstructive surgery when surgery is within 3 years of mastectomy. 	Yes	Yes
Self-Inflicted Injury	Issue Instructions & Certificate	<ul style="list-style-type: none"> Can't exclude self-inflicted injury due to severe mental illness. 	Yes	Yes
Severe Mental Illness	Issue Instructions & Certificate	<ul style="list-style-type: none"> Severe Mental Illness (40 inpatient days; 40 outpatient days); no dollar limits. Two visits for partial or respite care, or a combination thereof, may be substituted for each 1 day of hospitalization not used by the insured. 	Yes	Yes

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Dependent Elig & Re-Apply Rules or State Mandate	Review Source for Details	Details	Deductible Applies	Co-Pay, Coinsurance Applies
Substance Abuse	Issue Instructions & Certificate	<ul style="list-style-type: none"> Substance Abuse (40 inpatient days; 40 outpatient days) no dollar limits. 	Yes	Yes
Telehealth	Issue Instructions & Certificate	<ul style="list-style-type: none"> We will pay Eligible Expenses incurred for telehealth services if the health care service would be considered an Eligible Expense were it provided through in-person consultation between the Insured Person and a health care provider, subject to Your applicable Deductible, Copayment, and/or Coinsurance. 	Yes	Yes
TMJ	Issue Instructions & Certificate	<ul style="list-style-type: none"> We pay 80% of Eligible Expenses not to exceed \$2,500 per Coverage Period. 	Yes	Yes
Women's Health Benefits	Issue Instructions & Certificate	<ul style="list-style-type: none"> Women's health benefits covered at 100% after deductible – See Certificate for list 	Yes	No

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2022 CLIC 1200 State Rules & Mandate Summary – OHIO (Group)

Dependent Elig & Re-Apply Rules or State Mandate	Review Source for Details	Details	Deductible Applies	Co-Pay, Coinsurance Applies
Dependent Eligibility Rules	Certificate or Endorsement	<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 or Domestic Partner 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 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 for whom the Insured is legally required to support due to court order or divorce decree.</p>	n/a	n/a
Reapply Question	Plan Availability Chart	n/a	n/a	n/a
Appeal & Grievance	Issue Instructions & Certificate	<ul style="list-style-type: none"> • Appeal and Grievance Procedures added. 	n/a	n/a
Autism	Issue Instructions & Certificate	<ul style="list-style-type: none"> • Autism spectrum disorders for screening, diagnosis and treatment for under age 14. There are some visit/hour limits. See benefit for details. 	Yes	Yes
Change of Beneficiary	Issue Instructions	<ul style="list-style-type: none"> • Change of Beneficiary provision added. <p>Change of Beneficiary: 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

OHIO / PAGE 1 of 3 (Last Updated 10/20/22)

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Dependent Elig & Re-Apply Rules or State Mandate	Review Source for Details	Details	Deductible Applies	Co-Pay, Coinsurance Applies
COB	Issue Instructions & Certificate	<ul style="list-style-type: none"> Coordination of Benefits. Review provision, this was rewritten. 	n/a	n/a
Enrollment Form	Issue Instructions	<ul style="list-style-type: none"> No option for the Waiver Rider Question 1 – removed Medicaid Question 3d and question 4 – added excluding Human Immunodeficiency Virus (HIV) testing Added paragraph regarding authorization of health information. 	n/a	n/a
Mammogram	Issue Instructions & Certificate	<ul style="list-style-type: none"> Mammography – limited to 130% of Medicare. Review definition of screening mammography. 	Yes	Yes
Newborn Childcare	Issue Instructions & Certificate	<ul style="list-style-type: none"> Exclusion 18 – added clarification to the routine newborn childcare exclusion “except as expressly provided in SECTION 4 – BENEFITS, Routine Child Health Care Supervision Services” 	n/a	n/a
Pap Smears	Issue Instructions & Certificate	<ul style="list-style-type: none"> We will pay Eligible Expenses for a cytologic screening for the presence of cervical cancer that are processed and interpreted in a laboratory certified by the college of American pathologists or in a Hospital. 	Yes	Yes
PPO Schedule	Issue Instructions & Certificate	<ul style="list-style-type: none"> PPO Schedule: added the following to the Coinsurance and Copayments section Ohio Revised Code Sections 3902.50 through 3902.54, Ohio Administrative Code Section 3901-8-17 and the Federal No Surprises Act establish patient protections including from out-of-network providers' surprise bills ("balance billing") for emergency care and other specified items or services. We will comply with these new state and federal requirements including how we process claims from certain out-of-network providers. 	n/a	n/a
Pre-Authorization	Issue Instructions & Certificate	<ul style="list-style-type: none"> Pre-Authorization. Added provision regarding electronic requests and retrospective reviews; Penalty for failure to pre-authorization cannot exceed \$1,000. (removed percentage option) 	n/a	n/a

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Dependent Elig & Re-Apply Rules or State Mandate	Review Source for Details	Details	Deductible Applies	Co-Pay, Coinsurance Applies
Routine Child Services	Issue Instructions & Certificate	<ul style="list-style-type: none"> Routine Child Services to a minimum age of 9. Option to limit this benefit to \$500 for all screenings or to just limit hearing screening to \$150. Immunizations are not subject to the Deductible. Additional services performed during an office visit are subject to Deductible and Coinsurance. 	Yes	Yes
RX	Issue Instructions & Certificate	<ul style="list-style-type: none"> When Rx is covered. Specific pre-notification requirements for opioids. 	n/a	Yes
Subrogation	Issue Instructions & Certificate	<ul style="list-style-type: none"> Subrogation. Added If the Insured Person receives less than the full value of the action, the claim must be diminished in the same proportion. 	n/a	n/a
Telehealth Services	Issue Instructions & Certificate	<ul style="list-style-type: none"> Must cover Telehealth services. Deleted telemedicine definition and benefit; added definition for telehealth services; changed in-person consultation to in-person health care services and added definition of in-person health care service. 	Yes	Yes
Tort Action	Issue Instructions & Certificate	Tort action provision added.	n/a	n/a

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2022 CLIC 1200 State Rules & Mandate Summary – TENNESSEE (Group)

Dependent Elig & Re-Apply Rules or State Mandate	Review Source for Details	Details	Deductible Applies	Co-Pay, 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 or Domestic Partner 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 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 for whom the Insured is legally required to support due to court order or divorce decree.</p>	n/a	n/a
Reapply Question	Plan Availability Chart	n/a	n/a	n/a
AIDS/HIV	Issue Instructions & Certificate	<ul style="list-style-type: none"> • Must cover AIDS/HIV. No inside limit. 	Yes	Yes
Claim Appeal	Issue Instructions & Certificate	<ul style="list-style-type: none"> • Claim Appeal – they have 180 days to request a review (not 60); company must respond within 30 days (not 60) or 45 days (not 120) for special circumstances. Insured has right to request external review after this process is exhausted. 	n/a	n/a
COB	Issue Instructions & Certificate	<ul style="list-style-type: none"> • COB. Plan does not include individual or family insurance plans. 	n/a	n/a
Complications of Pregnancy	Issue Instructions & Certificate	<ul style="list-style-type: none"> • Complications of pregnancy. Cover preexlampsia; non-elective abortion includes treatment when a fetus is not viable or mother's life is in danger. 	n/a	n/a

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Dependent Elig & Re-Apply Rules or State Mandate	Review Source for Details	Details	Deductible Applies	Co-Pay, Coinsurance Applies
Diabetes Equipment	Issue Instructions & Certificate	<ul style="list-style-type: none"> Diabetes equipment, supplies, self-management training and education, and medical nutrition counseling. 	Yes	Yes
Exclusions	Issue Instructions & Certificate	<ul style="list-style-type: none"> Exclusions <ol style="list-style-type: none"> Can't exclude TMJ (inside limit is ok), Kidney or end state renal disease. Can't exclude clinical trial expenses solely on the basis that it's experimental. Can't exclude expenses when there is no charge if charges are for services rendered by a non-governmental charitable research hospital because it bills patients for services rendered but does not enforce by judicial proceedings collection from individual patients in the absence of insurance coverage. Removed exclusion for coverage of a newborn child in the hospital. Learning disorder exclusion – does not apply to autism. 	n/a	n/a
Hearing Aids	Issue Instructions & Certificate	<ul style="list-style-type: none"> Hearing aids for under age 18 up to \$1,000 per hearing aid, every three years. 	Yes	Yes
Mammograms	Issue Instructions & Certificate	<ul style="list-style-type: none"> We will pay Eligible Expenses, as shown on the Schedule of Benefits, for a baseline mammogram for a female Insured Person ages 35 through 39 years once every 5 years; and annual mammography screening for a female Insured Person age 40 or older. 	Yes	Yes
Manipulative Services	Issue Instructions & Certificate	<ul style="list-style-type: none"> Manipulative services covered the same as any other doctor visit. 	Yes	Yes
Misstatement of Age	Issue Instructions & Certificate	<ul style="list-style-type: none"> Misstatement of age – benefits/premiums are adjusted from the time the error was corrected, not from original effective date. 	n/a	n/a

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Newborns	Issue Instructions & Certificate	<ul style="list-style-type: none"> Newborn coverage includes in-hospital well baby care and prevention of prenatal group b streptococcal. 	Yes	Yes
PKU Treatment	Issue Instructions & Certificate	<ul style="list-style-type: none"> PKU treatment, including special dietary formulas that are Medically Necessary. 	Yes	Yes
Prostate Screening	Issue Instructions & Certificate	<p>We will pay Eligible Expenses, as shown on the Schedule of Benefits, for an annual screening for early detection of prostate cancer for:</p> <ol style="list-style-type: none"> Male Insured Persons over the age of 50; and Male Insured Persons over the age of 40 and who are at increased risk of developing prostate cancer as determined by a Doctor. <p>Eligible Expenses consist of the following:</p> <ul style="list-style-type: none"> A prostate-specific antigen blood test (PSAT); and A digital rectal examination. 	Yes	Yes
Reconstructive Breast Surgery	Issue Instructions & Certificate	Reconstructive breast surgery includes surgery and prosthetics regardless of when mastectomy occurred; and surgery to non-diseased breast within 5 years.	Yes	Yes
Subrogation	Issue Instructions & Certificate	Subrogation. – can only recover from the amount the insured receives for medical expenses.	n/a	n/a
Telehealth Services	Issue Instructions & Certificate	Telehealth services covered same as in person services.	Yes	Yes

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Dependent Elig & Re-Apply Rules or State Mandate	Review Source for Details	Details	Deductible Applies	Co-Pay, Coinsurance Applies
Third Party Liability	Issue Instructions & Certificate	<ul style="list-style-type: none"> Third party liability – person must be made whole first. The Company may require payment from any awards the Insured receives or will receive under this provision if the Insured does not cooperate. Can't automatically have a lien, if this money has been specifically designated to be for medical expense and the Company provides the primary coverage. 	n/a	n/a
Waiting Period	Issue Instructions & Certificate	<ul style="list-style-type: none"> Waiting Period. Changed to 30 day maximum. 	n/a	n/a

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2022 CLIC 1200 State Rules & Mandate Summary - TEXAS (Group)

Dependent Elig & Re-Apply Rules or State Mandate	Review Source for Details	Details	Deductible Applies	Co-Pay, Coinsurance Applies
Dependent Eligibility Rules	Certificate or Endorsement	<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 or Domestic Partner 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 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 for whom the Insured is legally required to support due to court order or divorce decree.</p> <p>Children include grandchildren who are less than 25 and claimed on insured's taxes and adopted child when insured is in process to adopt.</p> <p>Domestic Partners must be at least age 18, age of majority or able to consent to contract.</p>	n/a	n/a
Reapply Question	Plan Availability Chart	<ul style="list-style-type: none"> • If any person applying for coverage has been covered under any nonrenewable Short Term Medical policies issued by Companion Life Insurance Company for a total of 18 consecutive months, have less than 63 days passed since the end of the 18 consecutive months of Short-Term Medical coverage? • 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. 	n/a	n/a
Acquired Brain Injury Therapy	Issue Instructions & Certificate	<ul style="list-style-type: none"> • Therapy visit limits do not apply to this benefit. 	Yes	Yes

TEXAS / PAGE 1 of 8 (Last Updated 10/13/22)

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Dependent Elig & Re-Apply Rules or State Mandate	Review Source for Details	Details	Deductible Applies	Co-Pay, Coinsurance Applies
AIDS	Issue Instructions & Certificate	<ul style="list-style-type: none"> AIDS – no limits 	Yes	Yes
Autism	Issue Instructions & Certificate	<ul style="list-style-type: none"> Autism for certain age groups; therapy visit limits do not apply to this benefit; benefit limited to \$36K per year. 	Yes	Yes
Cardiovascular Disease Screenings	Issue Instructions & Certificate	<ul style="list-style-type: none"> Cardiovascular disease screenings for certain age groups; limited to \$200 per coverage period. 	Yes	Yes
Chemical Dependency	Issue Instructions & Certificate	<ul style="list-style-type: none"> “Substance Abuse” was changed to “Chemical Dependency” and definitions were added. Substance Abuse, including treatment in a chemical dependency treatment center, covered same as any other sickness. 	Yes	Yes
Chemotherapy	Issue Instructions & Certificate	<ul style="list-style-type: none"> Chemo includes oral drugs covered the same as an injectable drug 	Yes	Yes
Childhood Immunizations	Issue Instructions & Certificate	<ul style="list-style-type: none"> Childhood immunizations birth through a minimum of age 6 (plans already provide to age 16) 	Yes	Yes
Claims	Issue Instructions & Certificate	<ul style="list-style-type: none"> Pay claims within 60 days. Claims for child – see Certificate under: Payment to the Texas Department of Human Services. Revised the Claim Appeal. 	n/a	n/a

TEXAS / PAGE 2 of 8 (Last Updated 10/13/22)

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Dependent Elig & Re-Apply Rules or State Mandate	Review Source for Details	Details	Deductible Applies	Co-Pay, Coinsurance Applies
Colorectal Cancer	Issue Instructions & Certificate	<ul style="list-style-type: none"> Colorectal cancer screening and prostate exams for certain age groups, including follow up colonoscopy. We will pay Eligible Expenses, as shown on the Schedule of Benefits, for conducting a medically recognized screening examination for the detection of colorectal cancer of an Insured Person who is at least 45 years of age and at a normal risk for developing colon cancer. 	Yes	Yes
COB	Issue Instructions & Certificate	<ul style="list-style-type: none"> COB – revised some of the definitions. 		
Craniofacial Abnormalities	Issue Instructions & Certificate	<ul style="list-style-type: none"> We will pay Eligible Expenses, as shown in the Schedule of Benefits, for reconstructive surgery for craniofacial abnormalities for a child who is younger than 19 years of age. 	Yes	Yes
Diabetes Supplies, Equipment and Education	Issue Instructions & Certificate	<ul style="list-style-type: none"> We will pay Eligible Expenses, as shown on the Schedule of Benefits, for Outpatient diabetes self-management training and education, equipment, supplies, and pharmacologic agents, including medical nutrition therapy for Insured Persons with insulin-dependent diabetes, insulin-using diabetes, gestational diabetes, and non-insulin-using diabetes or medical conditions associated with elevated blood glucose levels, as prescribed by a Doctor. 	Yes	Yes

TEXAS / PAGE 3 of 8 (Last Updated 10/13/22)

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Dependent Elig & Re-Apply Rules or State Mandate	Review Source for Details	Details	Deductible Applies	Co-Pay, Coinsurance Applies
Emergency Medical Conditions	Issue Instructions & Certificate	<ul style="list-style-type: none"> • Reworded Emergency Medical Conditions definition. <p>Emergency Medical Conditions means a sudden and unexpected medical condition manifesting itself by acute symptoms of sufficient severity, including severe pain, such that the absence of immediate medical attention could reasonably be expected to result in:</p> <ul style="list-style-type: none"> • Placing the patient’s health in serious jeopardy; • Serious impairment to bodily functions; or • Serious dysfunction of any bodily organ or part. 	n/a	n/a
Exclusions	Issue Instructions & Certificate	<ul style="list-style-type: none"> • Cannot Exclude <ul style="list-style-type: none"> ○ Habilitative services for autism. ○ For experimental treatment - Provide insured with info for independent review for any denials on experimental treatment. ○ Learning disorders/delays if covered under autism ○ biofeedback. ○ Footwear covered under diabetes benefit ○ Emergency services outside US are covered. ○ Immediate family – can’t exclude if they are a dentist. ○ Mountain climbing. ○ expenses of a nonindigent patient incurred in a hospital facility that: (a) is owned or controlled by the state or by a unit of local government; and (b) regularly and customarily demands and collects from nonindigent persons payment for those expenses. 	n/a	n/a

TEXAS / PAGE 4 of 8 (Last Updated 10/13/22)

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Dependent Elig & Re-Apply Rules or State Mandate	Review Source for Details	Details	Deductible Applies	Co-Pay, Coinsurance Applies
Extension of Benefits	Issue Instructions & Certificate	<ul style="list-style-type: none"> Changed duration to lesser of 90 days or end of confinement. 	n/a	n/a
Hearing Aids & Cochlear Implants	Issue Instructions & Certificate	<ul style="list-style-type: none"> Hearing aids and cochlear implants for 18 and under. Hearing aid limited to 1 every 3 years, per ear and 1 implant per ear with replacement if medically necessary. 	Yes	Yes
Hearing Screenings	Issue Instructions & Certificate	<ul style="list-style-type: none"> Hearing screenings for newborn to 30 days plus follow up to age 24 months (no deductible) 	No	Yes
Home Health Care	Issue Instructions & Certificate	<ul style="list-style-type: none"> Home health care - minimum is 60 visits. 	Yes	Yes
Mammography	Issue Instructions & Certificate	<ul style="list-style-type: none"> Mammography (includes a diagnostic mammogram, paid on the same basis as a screening) 	Yes	Yes
Mastectomy	Issue Instructions & Certificate	<ul style="list-style-type: none"> Mastectomy – inpatient care up to 48 hours; 24 hours lymph node unless insured/doctor agree to less. 	Yes	Yes
Mental Disorders	Issue Instructions & Certificate	<ul style="list-style-type: none"> Mental disorders – no limits Revised Mental Disorder definition. <p><i>Mental Disorder</i> means neurosis, psychoneurosis, psychopathy, psychosis, or mental or emotional disease or disorder of any kind. Mental Disorder does not include Chemical Dependency.</p>	Yes	Yes

TEXAS / PAGE 5 of 8 (Last Updated 10/13/22)

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Dependent Elig & Re-Apply Rules or State Mandate	Review Source for Details	Details	Deductible Applies	Co-Pay, Coinsurance Applies
Newborn Care	Issue Instructions & Certificate	<ul style="list-style-type: none"> Newborn care includes any hearing loss screening tests of newborns and infants provided by the Hospital before discharge and for administration of the newborn screening tests required by the Health and Safety Code, including the cost of a newborn screening test kit, in the amount published by the Department of State Health Services on its Internet website. 	Yes	Yes
Osteoporosis	Issue Instructions & Certificate	<ul style="list-style-type: none"> We will pay Eligible Expenses, as shown in the Schedule of Benefits, for bone mass measurement for the detection of low bone mass and to determine a “qualified individual’s” risk of osteoporosis and fractures associated with osteoporosis. 	Yes	Yes
Outpatient Drugs	Issue Instructions & Certificate	<ul style="list-style-type: none"> Outpatient drugs – <u>when Rx is included:</u> <ul style="list-style-type: none"> ♣ ·amino acid based formularies; ♣ ·emergency refills of diabetes supplies covered same as non-emergency refills; ♣ ·FDA approved outpatient contraceptive services; ♣ ·dispensing limits added for prescription eye drops; ♣ ·when Step Therapy is included - added rules on denying a request; Step Therapy does not apply to Prescription Drugs associated with the treatment of stage-four advanced, metastatic cancer or associated conditions. ♣ ·Added Medication Synchronization Plan requirements for drugs used to treat a chronic illness ♣ added formulary list requirements- Formulary list cannot change more than annually; ♣ copayments cannot exceed the cost of the drug; ♣ insulin copay cannot be greater than \$25 per 30 day supply. 	No	Yes

TEXAS / PAGE 6 of 8 (Last Updated 10/13/22)

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Dependent Elig & Re-Apply Rules or State Mandate	Review Source for Details	Details	Deductible Applies	Co-Pay, Coinsurance Applies
Pre-Authorization	Issue Instructions & Certificate	<ul style="list-style-type: none"> • “Pre-Certification” needs to say “Pre-Authorization” wherever used. • Pre-authorization Renewal: Renewal of an existing pre-authorization must be requested by a Doctor or provider at least 60 days before the date the pre-authorization expires. The professional review organization will review the request and issue a determination indicating whether the service is pre-authorized before the existing pre- authorization expires. Maximum penalty is \$500. 	n/a	n/a
Pre-x Look Back	Issue Instructions & Certificate	<ul style="list-style-type: none"> • Pre-x look back is 12 months for medical advice or treatment. No pre-x on symptoms. 	n/a	n/a
PKU	Issue Instructions & Certificate	We will pay Eligible Expenses, as shown in the Schedule of Benefits, for the treatment of PKU or other heritable diseases to the same extent as for drugs available only on the orders of a Doctor. As used in this benefit, “Heritable disease” means an inherited disease that may result in mental or physical retardation or death. As used in this benefit, “phenylketonuria” means an inherited condition that may cause severe mental retardation if not treated.	Yes	Yes
Prosthetic Device	Issue Instructions & Certificate	<ul style="list-style-type: none"> • Added definition for Prosthetic Device. <i>Prosthetic Device</i> means an artificial device designed to replace, wholly or partly, an arm or leg.	Yes	Yes
Telemedicine	Issue Instructions & Certificate	<ul style="list-style-type: none"> • Telemedicine is covered the same as an in-person setting • Revised definitions for Telehealth and telemedicine. We will pay Eligible Expenses incurred for Telehealth Services and Telemedicine Medical Services if the health care service would be considered an Eligible Expense were it provided through in-person consultation between the Insured Person and a health care provider, subject to Your applicable Deductible, Copayment, and/or Coinsurance	Yes	Yes

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Dependent Elig & Re-Apply Rules or State Mandate	Review Source for Details	Details	Deductible Applies	Co-Pay, Coinsurance Applies
Third Party Liability	Issue Instructions & Certificate	<ul style="list-style-type: none"> Third Party Liability – limited to amount the company has paid. 	n/a	n/a
TMJ	Issue Instructions & Certificate	<ul style="list-style-type: none"> TMJ – no limits 	Yes	Yes
Waiting Period	Issue Instructions & Certificate	<ul style="list-style-type: none"> Waiting period – have to cover sickness or cancer after waiting period unless it's a pre-existing condition. 	n/a	n/a

TEXAS / PAGE 8 of 8 (Last Updated 10/13/22)

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2022 CLIC 1200 State Rules & Mandate Summary – WEST VIRGINIA (Group)

Dependent Elig & Re-Apply Rules or State Mandate	Review Source for Details	Details	Deductible Applies	Co-Pay, Coinsurance Applies
Dependent Eligibility Rules	Certificate or Endorsement	<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 or Domestic Partner 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 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 for whom the Insured is legally required to support due to court order or divorce decree.</p>	n/a	n/a
Reapply Question	Plan Availability Chart	<ul style="list-style-type: none"> • n/a 	n/a	n/a
Chronic Pain Treatment	Issue Instructions & Certificate	<ul style="list-style-type: none"> • Limited to 20 office visits. 	Yes	Yes
Colorectal Cancer	Issue Instructions & Certificate	<ul style="list-style-type: none"> • Screenings for 50+ or under 50 if symptomatic; • Tests include blood test, sigmoidoscopy every 5 years, colonoscopy every 10 years; double contract barium every 5 years; • Limits okay. 	Yes	Yes
Diabetes	Issue Instructions & Certificate	<ul style="list-style-type: none"> • Including Insulin and Orthotics, and self-management education; • Refresher education class is limited to \$100 annually; • Limits are okay. 	Yes	Yes

WEST VIRGINIA / PAGE 1 of 2 (Last Updated 11/01/22)

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Dependent Elig & Re-Apply Rules or State Mandate	Review Source for Details	Details	Deductible Applies	Co-Pay, Coinsurance Applies
Mammography	Issue Instructions & Certificate	<ul style="list-style-type: none"> • One baseline ages 35-39, every two years 40-49 or more frequently if doctor recommends; • Annually age 50+. • Limits are okay. 	Yes	Yes
Pap & HPV Test	Issue Instructions & Certificate	<ul style="list-style-type: none"> • Annual pap smear and HPV tests; • Women age eighteen and over; • Limits are okay. 	Yes	Yes
Rehab Services	Issue Instructions & Certificate	<ul style="list-style-type: none"> • Rehab services for diagnostic testing, assessment, monitoring or treatment in a hospital, a rehabilitation unit of a Hospital, or a licensed cardiac rehabilitation Hospital to restore optimal physical, medical, psychological, social, emotional, vocational, and economic status for any of the following conditions: Stroke, Spinal cord injury, Congenital deformity, Amputation, Major multiple trauma, Fracture of femur, Brain injury, Polyarthritis, including rheumatoid arthritis, Neurological disorders, Cardiac disorders, Burns; • It does not include services for mental health, chemical dependency, vocational rehabilitation, long-term maintenance or custodial services. 	Yes	Yes
TMJ & CMD	Issue Instructions & Certificate	<ul style="list-style-type: none"> • Limits are okay. 	Yes	Yes

WEST VIRGINIA / PAGE 2 of 2 (Last Updated 11/01/22)

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2022 CLIC 1200 State Rules & Mandate Summary – WISCONSIN (Group)

Dependent Elig & Re-Apply Rules or State Mandate	Review Source for Details	Details	Deductible Applies	Co-Pay, Coinsurance Applies
Dependent Eligibility Rules	Certificate or Endorsement	<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 or Domestic Partner 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 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 for whom the Insured is legally required to support due to court order or divorce decree.</p>	n/a	n/a
Reapply Question	Plan Availability Chart	<ul style="list-style-type: none"> • If any person applying for coverage has been covered under any nonrenewable Short Term Medical policies issued by Companion Life Insurance Company for a total of 18 consecutive months, have less than 63 days passed since the end of the 18 consecutive months of Short-Term Medical coverage? • 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. 	n/a	n/a
Grievance Procedures	Issue Instructions & Certificate	<ul style="list-style-type: none"> • Replace Claim Decision paragraph with Grievance Procedures. <p>These Grievance procedures apply to all health benefit plans issued and renewed by the Company in the State of Wisconsin. These procedures have been developed to ensure full investigation of a Grievance through a formal process. Written notice of these procedures will be provided to a Covered Person when We deny a claim or benefit or initiate disenrollment proceedings.</p>	n/a	n/a

WISCONSIN / PAGE 1 of 2 (Last Updated 10/10/22)

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Dependent Elig & Re-Apply Rules or State Mandate	Review Source for Details	Details	Deductible Applies	Co-Pay, Coinsurance Applies
Subrogation	Issue Instructions & Certificate	<ul style="list-style-type: none"> Subrogation – can't subrogate until person has been made whole. <p>Subrogation is the process by which We seek reimbursement from another company or person for a claim We have already paid. Upon payment of benefits, We will be subrogated to all rights of recovery an Insured Person may have against any person or organization. Such right extends to the proceeds of any settlement or judgment, but is limited to the amount of benefits We have paid. In this regard, the Insured Person will:</p> <ol style="list-style-type: none"> Do nothing to prejudice or hinder any right of recovery; Execute and deliver any required instruments or papers; and Do whatever else is necessary to secure such rights. <p>If We are precluded from exercising Our Subrogation Right, We may exercise Our Right to Reimbursement below. Note that Our ability to recover is limited to the amount remaining after the Insured Person has been made whole</p>	n/a	n/a

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2022 CLIC 1200 State Rules & Mandate Summary – WYOMING (Group)

Dependent Elig & Re-Apply Rules or State Mandate	Review Source for Details	Details	Deductible Applies	Co-Pay, 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 or Domestic Partner 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 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 for whom the Insured is legally required to support due to court order or divorce decree.</p>	n/a	n/a
Reapply Question	Plan Availability Chart	<ul style="list-style-type: none"> • n/a 	n/a	n/a
Adult Wellness Benefits	Issue Instructions & Certificate	<ul style="list-style-type: none"> • Added disclaimer to face page about adult wellness benefits. 	Yes	Yes
Appeals Procedure	Issue Instructions & Certificate	<ul style="list-style-type: none"> • Added an internal/external appeals procedure. 	n/a	n/a
Claims	Issue Instructions & Certificate	<ul style="list-style-type: none"> • Must be paid within 45 days. 	n/a	n/a
Look Back	Issue Instructions & Certificate	<ul style="list-style-type: none"> • The look back period was changed to 6 months; can't exclude symptoms. 	n/a	n/a

WYOMING / PAGE 1 of 2 (Last Updated 11/03/22)

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Dependent Elig & Re-Apply Rules or State Mandate	Review Source for Details	Details	Deductible Applies	Co-Pay, Coinsurance Applies
Medically Necessary Definition	Issue Instructions & Certificate	<ul style="list-style-type: none"> Revised definition. 	n/a	n/a
Grace Period	Issue Instructions & Certificate	<ul style="list-style-type: none"> Claims incurred during the Grace Period can have unpaid premiums deducted. 	n/a	n/a

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