

Pivot Health / STM Eligible Dependent & Re-apply Rules & State Mandate Summary Applies to Classic and Core

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

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

Pivot Health / STM State Rules & Mandate Summary - [ALABAMA](#) (Group)

Dependent Elig & Re-Apply Rules or State Mandate	Review Source for Details	Details	Deductible Applies	Coinsurance Applies
Dependent Eligibility Rules	Certificate or Endorsement	<ul style="list-style-type: none"> • “Eligible Dependent” means: a. the Insured’s lawful spouse; and b. the Insured’s unmarried children who are less than age 26. • Dependent children may include stepchildren, foster children, legally adopted children, children of adopting parents pending finalization of adoption procedures, and children for whom coverage has been court-ordered. • Dependent children (other than those for whom coverage has been court-ordered) must be primarily dependent on the Insured for principal support and maintenance. 	n/a	n/a
Reapply Question	Plan Availability Chart	<ul style="list-style-type: none"> • n/a 	n/a	n/a
Lead Poisoning Screening for Children	Situs Amendment	<ul style="list-style-type: none"> • When not considered experimental or investigational. Baseline lead test at approximate age of 12 months • Screening & diagnostic evaluations under age of 6 if at high risk for lead poisoning based on guidelines and criteria from Division of Public Health 	YES	YES
Ovarian Cancer Monitoring	Situs Amendment	<ul style="list-style-type: none"> • Coverage will be provided for a CA-125 monitoring of ovarian cancer, subsequent to treatment 	YES	YES
Pap Smears	Situs Amendment	<ul style="list-style-type: none"> • Applies to all females aged 18 and over • Annual benefit for one cervical & endometrial cancer screening (pap smear) 	YES	YES

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State Mandate	Review Source for Details	Details	Deductible Applies	Co-Pay, Coinsurance Applies
Serious Mental Illness	Situs Amendment	<ul style="list-style-type: none"> • Anorexia nervosa / Bulimia nervosa / Bipolar disorder / Delusional disorder / Major depressive disorder / Obsessive-compulsive disorder / Panic disorder / Schizo-affective disorder / Schizophrenia • Does not include coverage for the treatment of alcoholism or other drug dependencies through the diagnosis or treatment of one or more serious mental illnesses • Coverage for the treatment, services and supplies for care of serious mental illness when that care is rendered by a mental health professional licensed or certified by the State Board of Licensing or in a mental health facility licensed by the State 	YES	YES

ALABAMA / PAGE 2 of 2 (Last Updated 5/13/19)

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Pivot Health / STM State Rules & Mandate Summary - [ARIZONA](#) (Group)

Dependent Elig & Re-Apply Rules or State Mandate	Review Source for Details	Details	Deductible Applies	Coinsurance Applies
Dependent Eligibility Rules	Certificate or Endorsement	<ul style="list-style-type: none"> “Eligible Dependent” means: a. the Insured’s lawful spouse; and b. the Insured’s unmarried children who are less than age 26. Dependent children may include stepchildren, foster children, legally adopted children, children of adopting parents pending finalization of adoption procedures, and children for whom coverage has been court-ordered. 	n/a	n/a
Reapply Question	Plan Availability Chart	<ul style="list-style-type: none"> n/a 	n/a	n/a
Inherited Metabolic Disorders	Issue Instructions & Certificate	<ul style="list-style-type: none"> 50% of medical food cost limited to \$5,000 	YES	YES
Lead Poisoning Screening for Children	Situs Amendment	<ul style="list-style-type: none"> When not considered experimental or investigational. Baseline lead test at approximate age of 12 months Screening & diagnostic evaluations under age of 6 if at high risk for lead poisoning based on guidelines and criteria from Division of Public Health 	YES	YES
Mammography	Issue Instructions & Certificate	<ul style="list-style-type: none"> Baseline ages 35-39 Every two years from ages 40-49 Annually for age 50 and over 	YES	YES

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State Mandate	Review Source for Details	Details	Deductible Applies	Co-Pay, Coinsurance Applies
Ovarian Cancer Monitoring	Situs Amendment	<ul style="list-style-type: none"> Coverage will be provided for a CA-125 monitoring of ovarian cancer, subsequent to treatment 	YES	YES
Pap Smears	Situs Amendment	<ul style="list-style-type: none"> Applies to all females aged 18 and over Annual benefit for one cervical & endometrial cancer screening (pap smear) 	YES	YES
Serious Mental Illness	Situs Amendment	<ul style="list-style-type: none"> Anorexia nervosa / Bulimia nervosa / Bipolar disorder / Delusional disorder / Major depressive disorder / Obsessive-compulsive disorder / Panic disorder / Schizo-affective disorder / Schizophrenia Does not include coverage for the treatment of alcoholism or other drug dependencies through the diagnosis or treatment of one or more serious mental illnesses Coverage for the treatment, services and supplies for care of serious mental illness when that care is rendered by a mental health professional licensed or certified by the State Board of Licensing or in a mental health facility licensed by the State 	YES	YES

ARIZONA / PAGE 2 of 2 (Last Updated 5/13/19)

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Pivot Health / STM 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 or Endorsement	<ul style="list-style-type: none"> • “Eligible Dependent” means: a. the Insured’s lawful spouse; and b. the Insured’s unmarried children who are less than age 26. • Coverage for an unmarried dependent who is incapable of sustaining employment by reason of mental retardation or physical disability, who became so incapacitated prior to the attainment of age 26, and who is chiefly dependent upon the policyholder for support and maintenance shall not terminate, but coverage shall continue so long as the contract remains in force and the dependent remains in such condition. • Dependent children may include stepchildren, foster children, legally adopted children, children of adopting parents pending finalization of adoption procedures, and children for whom coverage has been court-ordered. • Dependent children (other than those for whom coverage has been court-ordered) must be primarily dependent on the Insured for principal support and maintenance. 	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"> • To age 18 • Up to \$50,000 per year 	YES	YES
Cancer Drugs	Issue Instructions & Certificate	<ul style="list-style-type: none"> • Applies to OP Rx Rider • Off-label drugs for treatment of cancer • Copayments for orally administered anticancer meds must be the same as copayments for injected or intravenously administered anticancer meds. 	YES	YES
Child Preventive Care	Issue Instructions & Certificate	<ul style="list-style-type: none"> • Periodic visits from birth to age 18 • No dollar limit 	YES – except immunization	YES – except immunization

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Mandate	Review Source for Details	Details	Deductible Applies	Co-Pay, Coinsurance Applies
Colorectal Cancer Screening	Issue Instructions & Certificate	<ul style="list-style-type: none"> Over 50 Under 50 is at high risk Experiencing certain symptoms 	YES	YES
Contraceptives	Issue Instructions & Certificate	<ul style="list-style-type: none"> Applies to OP Rx Rider Must cover but no abortifacient drugs 	YES	YES
Craniofacial Anomaly	Issue Instructions & Certificate	<ul style="list-style-type: none"> Treatment/surgery 	YES	YES
Dental Anesthesia	Issue Instructions & Certificate	<ul style="list-style-type: none"> Anesthesia, hospital or ambulatory surgical facility services in connection with dental procedures for certain persons Child under 7 with complex dental condition Person with serious mental or physical condition or significant behavioral problem 	YES	YES
Diabetic Supplies & Education	Issue Instructions & Certificate	<ul style="list-style-type: none"> Medically necessary equipment, supplies, and services for the treatment of Type I, Type II, and gestational diabetes 1 per lifetime self-management training 	YES	YES
Gastric Pacemakers	Issue Instructions & Certificate	<ul style="list-style-type: none"> For persons with gastroparesis 	YES	YES
Lead Poisoning Screening for Children	Situs Amendment	<ul style="list-style-type: none"> When not considered experimental or investigational. Baseline lead test at approximate age of 12 months Screening & diagnostic evaluations under age of 6 if at high risk for lead poisoning based on guidelines and criteria from Division of Public Health 	YES	YES

ARKANSAS / PAGE 2 of 4 (Last Updated 5/13/19)

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Mandate	Review Source for Details	Details	Deductible Applies	Co-Pay, Coinsurance Applies
Loss of Speech of Hearing	Issue Instructions & Certificate	<ul style="list-style-type: none"> Does not include hearing devices 	YES	YES
Mastectomy Inpatient Coverage	Issue Instructions & Certificate	<ul style="list-style-type: none"> 48 hours inpatient coverage after mastectomy unless doctor discharges 	YES	YES
Mental / Nervous Disorders	Issue Instructions & Certificate	<ul style="list-style-type: none"> Same as any other sickness 	YES	YES
Orthotic and Prosthetic Devices	Issue Instructions & Certificate	<ul style="list-style-type: none"> At no less than 80% Medicare allowable 	YES	YES
Ovarian Cancer Monitoring	Situs Amendment	<ul style="list-style-type: none"> Coverage will be provided for a CA-125 monitoring of ovarian cancer, subsequent to treatment 	YES	YES
Pap Smears	Situs Amendment	<ul style="list-style-type: none"> Applies to all females aged 18 and over. Annual benefit for one cervical & endometrial cancer screening (pap smear) 	YES	YES
PKU / Medical Food Products	Issue Instructions & Certificate	<ul style="list-style-type: none"> Special dietary products and formulas prescribed for the therapeutic treatment of phenylketonuria, galactosemia, organic acidemias, and disorders of amino acid metabolism 	YES	YES
Prostate Cancer Screening	Issue Instructions & Certificate	<ul style="list-style-type: none"> Deductible does not apply 	NO	YES

ARKANSAS / PAGE 3 of 4 (Last Updated 5/13/19)

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<p style="text-align: center;">Serious Mental Illness</p>	<p style="text-align: center;">Situs Amendment</p>	<ul style="list-style-type: none"> • Anorexia nervosa / Bulimia nervosa / Bipolar disorder / Delusional disorder / Major depressive disorder / Obsessive-compulsive disorder / Panic disorder / Schizo-affective disorder / Schizophrenia • Does not include coverage for the treatment of alcoholism or other drug dependencies through the diagnosis or treatment of one or more serious mental illnesses • Coverage for the treatment, services and supplies for care of serious mental illness when that care is rendered by a mental health professional licensed or certified by the State Board of Licensing or in a mental health facility licensed by the State 	<p style="text-align: center;">YES</p>	<p style="text-align: center;">YES</p>
<p style="text-align: center;">Telemedicine</p>	<p style="text-align: center;">Issue Instructions & Certificate</p>	<ul style="list-style-type: none"> • The use of electronic information and communications technology to deliver health care services, including without limitation the assessment, diagnosis, consultation, treatment, education, care management, and self-management of a patient. It also includes store-and-forward technology and remote patient monitoring. 	<p style="text-align: center;">YES</p>	<p style="text-align: center;">YES</p>

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Pivot Health / STM State Rules & Mandate Summary – DELAWARE (Group)

Dependent Elig & Re-Apply Rules or State Mandate	Review Source for Details	Details	Deductible Applies	Coinsurance Applies
Dependent Eligibility Rules	Certificate or Endorsement	<ul style="list-style-type: none"> “Eligible Dependent” means: a. the Insured’s lawful spouse; and b. the Insured’s children who are less than age 26. Dependent children may include stepchildren, foster children, legally adopted children, children of adopting parents pending finalization of adoption procedures, and children for whom coverage has been court-ordered. 	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
Lead Poisoning Screening for Children	Issue Instructions & Certificate	<ul style="list-style-type: none"> When not considered experimental or investigational. Baseline lead test at approximate age of 12 months Screening & diagnostic evaluations under age of 6 if at high risk for lead poisoning based on guidelines and criteria from Division of Public Health 	YES	YES
Ovarian Cancer Monitoring	Issue Instructions & Certificate	<ul style="list-style-type: none"> Coverage will be provided for a CA-125 monitoring of ovarian cancer, subsequent to treatment 	YES	YES
Pap Smears	Issue Instructions & Certificate	<ul style="list-style-type: none"> Applies to all females aged 18 and over Annual benefit for one cervical & endometrial cancer screening (pap smear) 	YES	YES

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Mandate	Review Source for Details	Details	Deductible Applies	Coinsurance Applies
Serious Mental Illness	Issue Instructions & Certificate	<ul style="list-style-type: none"> • Anorexia nervosa / Bulimia nervosa / Bipolar disorder / Delusional disorder / Major depressive disorder / Obsessive-compulsive disorder / Panic disorder / Schizo-affective disorder / Schizophrenia • Does not include coverage for the treatment of alcoholism or other drug dependencies through the diagnosis or treatment of one or more serious mental illnesses • Coverage for the treatment, services and supplies for care of serious mental illness when that care is rendered by a mental health professional licensed or certified by the State Board of Licensing or in a mental health facility licensed by the State 	YES	YES

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

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Pivot Health / STM State Rules & Mandate Summary – DISTRICT OF COLUMBIA (Group)

Dependent Elig & Re-Apply Rules or State Mandate	Review Source for Details	Details	Deductible Applies	Coinsurance Applies
Dependent Eligibility Rules	Certificate or Endorsement	<ul style="list-style-type: none"> • “Eligible Dependent” means: a. the Insured’s lawful spouse; and b. the Insured’s unmarried children who are less than age 19. An unmarried child who is less than age 25 may also be included if the child is enrolled full-time in an accredited school or college. • Dependent children may include stepchildren, foster children, legally adopted children, children of adopting parents pending finalization of adoption procedures, and children for whom coverage has been court-ordered. Dependent children may also include a grandchild, niece or nephew who otherwise qualifies as a dependent child, if: (i) the child is under the primary care of the Insured; and (ii) the legal guardian of the child, if other than the Insured, is not covered by an accident or sickness policy. The term “primary care” means that the Insured provides food, clothing and shelter on a regular and continuous basis during the time that the District of Columbia public schools are in regular session. • Dependent children (other than those for whom coverage has been court-ordered) must be primarily dependent on the Insured for principal support and maintenance. 	n/a	n/a
Reapply Question	Plan Availability Chart	<ul style="list-style-type: none"> • n/a 	n/a	n/a
Alcoholism, Substance Abuse., Mental & Nervous Disorder	Issue Instructions & Certificate	<ul style="list-style-type: none"> • Payable at the same rate as for other Sickness, subject to limitations • Alcohol or Drug Abuse - Up to 12 days per calendar year for detox treatment, up to 28 days per calendar year for inpatient or residential care, up to 30 days outpatient treatment visits per calendar year • Mental illness – 45 days inpatient or residential treatment and 75% of charges for first 40 outpatient visits and 60%of charges for additional outpatient visits in a calendar year • Benefits for mental illness limited to a lifetime max equal to 1/3 of policy maximum 	YES	YES
Colorectal Cancer Screening	Issue Instructions & Certificate	<ul style="list-style-type: none"> • Colorectal cancer screenings for Covered Persons in compliance with American Cancer Society colorectal cancer screening guidelines 	YES	YES

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Mandate	Review Source for Details	Details	Deductible Applies	Coinsurance Applies
Lead Poisoning Screening for Children	Situs Amendment	<ul style="list-style-type: none"> When not considered experimental or investigational. Baseline lead test at approximate age of 12 months Screening & diagnostic evaluations under age of 6 if at high risk for lead poisoning based on guidelines and criteria from Division of Public Health 	YES	YES
Ovarian Cancer Monitoring	Situs Amendment	<ul style="list-style-type: none"> Coverage will be provided for a CA-125 monitoring of ovarian cancer, subsequent to treatment 	YES	YES
Pap Smears	Situs Amendment	<ul style="list-style-type: none"> Applies to all females aged 18 and over Annual benefit for one cervical & endometrial cancer screening (pap smear) 	YES	YES
Serious Mental Illness	Situs Amendment	<ul style="list-style-type: none"> Anorexia nervosa / Bulimia nervosa / Bipolar disorder / Delusional disorder / Major depressive disorder / Obsessive-compulsive disorder / Panic disorder / Schizo-affective disorder / Schizophrenia Does not include coverage for the treatment of alcoholism or other drug dependencies through the diagnosis or treatment of one or more serious mental illnesses Coverage for the treatment, services and supplies for care of serious mental illness when that care is rendered by a mental health professional licensed or certified by the State Board of Licensing or in a mental health facility licensed by the State 	YES	YES

DISTRICT OF COLUMBIA / PAGE 2 of 2 (Last Updated 3/14/2018)

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Pivot Health / STM State Rules & Mandate Summary – FLORIDA (Group)

Dependent Elig & Re-Apply Rules or State Mandate	Review Source for Details	Details	Deductible Applies	Coinsurance Applies
Dependent Eligibility Rules	Certificate or Endorsement	<ul style="list-style-type: none"> “Eligible Dependent” means: a. the Insured’s lawful spouse; and b. the Insured’s unmarried children who are less than age 26. Dependent children may include stepchildren, foster children, legally adopted children, children of adopting parents pending finalization of adoption procedures, and children for whom coverage has been court-ordered. 	n/a	n/a
Reapply Question	Plan Availability Chart	<ul style="list-style-type: none"> n/a 	n/a	n/a
AIDS, ARC or Related Immunodeficiency Disorders	Issue Instructions & Certificate	<ul style="list-style-type: none"> Excluded only if first exhibited, prior to the first anniversary of coverage, objective manifestations of AIDS or ARC, which are attributable to no other cause or was diagnosed as having AIDS or ARC 	YES	YES
Breast Cancer Follow-Up Care	Issue Instructions & Certificate	<ul style="list-style-type: none"> Follow-up care to see if breast cancer has returned cannot be considered a pre-ex condition 	YES	YES
Cleft Lip /Palate	Issue Instructions & Certificate	<ul style="list-style-type: none"> Child under age 18 Medical, dental, speech therapy, audiology and nutrition services 	YES	YES
Dental Anesthesia	Issue Instructions & Certificate	<ul style="list-style-type: none"> Child under 8 who have developmental disability Any person with significant medical risk 	YES	YES

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Mandate	Review Source for Details	Details	Deductible Applies	Coinsurance Applies
Lead Poisoning Screening for Children	Situs Amendment	<ul style="list-style-type: none"> When not considered experimental or investigational. Baseline lead test at approximate age of 12 months. Screening & diagnostic evaluations under age of 6 if at high risk for lead poisoning based on guidelines and criteria from Division of Public Health. 	YES	YES
Mammography	Issue Instructions & Certificate	<ul style="list-style-type: none"> One baseline ages 35-39 One mammogram every 2 years ages 40-49 Annually after age49 One or more per year for woman who is at risk 	NO	YES
Newborn Transportation	Issue Instructions & Certificate	<ul style="list-style-type: none"> To nearest facility to treat newborn condition Up to \$1,000 	YES	YES
Osteoporosis	Issue Instructions & Certificate	<ul style="list-style-type: none"> Diagnosis and treatment for high risk individuals 	YES	YES
Ovarian Cancer Monitoring	Situs Amendment	<ul style="list-style-type: none"> Coverage will be provided for a CA-125 monitoring of ovarian cancer, subsequent to treatment 	YES	YES
Pap Smears	Situs Amendment Issue Instructions & Certificate	<ul style="list-style-type: none"> Applies to all females aged 18 and over Annual benefit for one cervical & endometrial cancer screening (pap smear) 	NO	YES

FLORIDA / PAGE 2 of 3 (Last Updated 5/13/19)

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Mandate	Review Source for Details	Details	Deductible Applies	Coinsurance Applies
Routine Child Care	Issue Instructions & Certificate	<ul style="list-style-type: none"> • Birth to age 16 • History, physical, development assessment, anticipatory guidance, immunizations, lab tests 	NO	YES
Serious Mental Illness	Situs Amendment	<ul style="list-style-type: none"> • Anorexia nervosa / Bulimia nervosa / Bipolar disorder / Delusional disorder / Major depressive disorder / Obsessive-compulsive disorder / Panic disorder / Schizo-affective disorder / Schizophrenia • Does not include coverage for the treatment of alcoholism or other drug dependencies through the diagnosis or treatment of one or more serious mental illnesses • Coverage for the treatment, services and supplies for care of serious mental illness when that care is rendered by a mental health professional licensed or certified by the State Board of Licensing or in a mental health facility licensed by the State 	YES	YES
TMJ	Issue Instructions & Certificate	<ul style="list-style-type: none"> • Cannot exclude 	YES	YES

FLORIDA / PAGE 3 of 3 (Last Updated 5/13/19)

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Pivot Health / STM State Rules & Mandate Summary – [GEORGIA](#) (Group)

Dependent Elig & Re-Apply Rules or State Mandate	Review Source for Details	Details	Deductible Applies	Coinsurance Applies
Dependent Eligibility Rules	Certificate or Endorsement	<ul style="list-style-type: none"> “Eligible Dependent” means: a. the Insured’s lawful spouse; and b. the Insured’s unmarried children who are less than age 26. Dependent children may include stepchildren, foster children, legally adopted children, children of adopting parents pending finalization of adoption procedures, and children for whom coverage has been court-ordered. 	n/a	n/a
Reapply Question	Plan Availability Chart	<ul style="list-style-type: none"> n/a 	n/a	n/a
AIDS, ARC or Related Disorders	Issue Instructions & Endorsement	<ul style="list-style-type: none"> Cannot exclude AIDS, ARC or related disorders 	YES	YES
Child Wellness	Issue Instructions & Certificate	<ul style="list-style-type: none"> Birth to age 6 Medical history, height, weight & head circumference, blood pressure testing, sensory screening including vision & hearing, hereditary & metabolic screening, developmental & behavioral assessment, immunization, TB test, hematocrit or hemoglobin, urinalysis, anticipatory guidance 	YES	YES
Chlamydia Testing	Issue Instructions & Certificate	<ul style="list-style-type: none"> Annual for females under age 30 	YES	YES
Cancer Clinical Trials for Children	Issue Instructions & Certificate	<ul style="list-style-type: none"> Children under 19, enrolled in an approved trial, not getting payment from 3rd party payer 	YES	YES

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Mandate	Review Source for Details	Details	Deductible Applies	Coinsurance Applies
Covered Drug	Issue Instructions & Certificate	<ul style="list-style-type: none"> Cannot exclude on grounds the drug not approved by FDA for the particular indication under specific circumstances 	YES	YES
Lead Poisoning Screening for Children	Situs Amendment	<ul style="list-style-type: none"> When not considered experimental or investigational. Baseline lead test at approximate age of 12 months Screening & diagnostic evaluations under age of 6 if at high risk for lead poisoning based on guidelines and criteria from Division of Public Health 	YES	YES
Mammography	Issue Instructions & Certificate	<ul style="list-style-type: none"> One baseline for woman 35-40 One every 2 years for woman 40-50 Annually for woman age 50+ As ordered for woman with personal or family history or has not given birth prior to age 30 	YES	YES
Mastectomy / Lymph Node Dissection	Issue Instructions & Certificate	<ul style="list-style-type: none"> Includes follow-up visits in person's home if necessary if mastectomy or lymph node dissection procedures covered 	YES	YES
Ovarian Cancer Monitoring	Situs Amendment	<ul style="list-style-type: none"> Coverage will be provided for a CA-125 monitoring of ovarian cancer, subsequent to treatment 	YES	YES
Pap Smears	Situs Amendment Issue Instructions & Certificate	<ul style="list-style-type: none"> Applies to all females aged 18 and over. Annual benefit for one cervical & endometrial cancer screening (pap smear) More often if required by doctor 	YES	YES

GEORGIA / PAGE 2 of 3 (Last Updated 5/13/19)

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Mandate	Review Source for Details	Details	Deductible Applies	Coinsurance Applies
Serious Mental Illness	Situs Amendment	<ul style="list-style-type: none"> • Anorexia nervosa / Bulimia nervosa / Bipolar disorder / Delusional disorder / Major depressive disorder / Obsessive-compulsive disorder / Panic disorder / Schizo-affective disorder / Schizophrenia • Does not include coverage for the treatment of alcoholism or other drug dependencies through the diagnosis or treatment of one or more serious mental illnesses • Coverage for the treatment, services and supplies for care of serious mental illness when that care is rendered by a mental health professional licensed or certified by the State Board of Licensing or in a mental health facility licensed by the State 	YES	YES

GEORGIA / PAGE 3 of 3 (Last Updated 5/13/19)

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Pivot Health / STM State Rules & Mandate Summary – IDAHO (Individual)

Dependent Elig & Re-Apply Rules or State Mandate	Review Source for Details	Details	Deductible Applies	Coinsurance Applies
Dependent Eligibility Rules	Policy	<ul style="list-style-type: none"> • “Eligible Dependent” means: 1. the Insured’s lawful spouse; and 2. the Insured’s unmarried children who are less than age 25 and who receives more than one-half of his financial support from the parent; or 3. the Insured’s unmarried children of any age who is medically certified as disabled and dependent • Dependent child may include stepchildren, foster children, legally adopted children, children of adopting parents pending finalization of adoption procedures, and children for whom coverage has been court-ordered. 	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 during the past 60 days? • You must wait 60 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
Congenital Anomalies of Covered Dependent Child	Issue Instructions & Policy	<ul style="list-style-type: none"> • Not considered pre-existing 	YES	YES
Mammography	Issue Instructions & Policy	<ul style="list-style-type: none"> • One baseline mammogram for woman aged 35-39 • One Mammogram every 2 years for woman aged 40-49, or more often if recommended by physician • Annual mammogram for woman 50+ years of age • A mammogram for any woman desiring a mammogram with a medical cause 	YES	YES

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

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Pivot Health / STM State Rules & Mandate Summary – ILLINOIS (Group)

Dependent Elig & Re-Apply Rules or State Mandate	Review Source for Details	Details	Deductible Applies	Coinsurance Applies
Dependent Eligibility Rules	Certificate or Endorsement	<ul style="list-style-type: none"> • “Eligible Dependent” means: a. the Insured’s lawful spouse; and b. the Insured’s unmarried children who are less than age 26. • Dependent children may include stepchildren, foster children, legally adopted children, children of adopting parents pending finalization of adoption procedures, and children for whom coverage has been court-ordered. 	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
Colorectal Cancer Screenings	Issue Instructions & Certificate	<ul style="list-style-type: none"> • Colorectal cancer examinations & lab tests 	YES	YES
Diabetes Supplies & Testing	Issue Instructions & Certificate	<ul style="list-style-type: none"> • Outpatient self-management training & education, equipment & supplies for treatment of type 1 diabetes, type 2 diabetes and gestational diabetes mellitus 	YES	YES
Lead Poisoning Screening for Children	Situs Amendment	<ul style="list-style-type: none"> • When not considered experimental or investigational. Baseline lead test at approximate age of 12 months • Screening & diagnostic evaluations under age of 6 if at high risk for lead poisoning based on guidelines and criteria from Division of Public Health 	YES	YES

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Mandate	Review Source for Details	Details	Deductible Applies	Coinsurance Applies
Mammography	Issue Instructions & Certificate	<ul style="list-style-type: none"> One baseline for covered person age 35-39 Annual for covered person age 40 + At the age and intervals considered medically necessary for covered person under age 40 	YES	YES
Osteoporosis	Issue Instructions & Certificate	<ul style="list-style-type: none"> Bone mass measurement and diagnosis and treatment of osteoporosis 	YES	YES
Ovarian Cancer Monitoring	Situs Amendment Issue Instructions & Certificate	<ul style="list-style-type: none"> Provided for a CA-125 monitoring of ovarian cancer, subsequent to treatment Surveillance tests for ovarian cancer in female covered person who are at risk for ovarian cancer or nonpolyposis colorectal cancer or testing for BRCA1 or BRCA2 mutations 	YES	YES
Pap Smears	Situs Amendment Issue Instructions	<ul style="list-style-type: none"> Applies to all females aged 18 and over Annual benefit for one cervical & endometrial cancer screening (pap smear) 	YES	YES
Prostate Exams	Issue Instructions & Certificate	<ul style="list-style-type: none"> Annual digital rectal exam & prostate-specific antigen test for male covered persons for: asymptomatic men age 50+, African-American men age 40+ and men age 40+ with history of prostate cancer 	YES	YES

ILLINOIS / PAGE 2 of 3 (Last Updated 10/6/20)

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Mandate	Review Source for Details	Details	Deductible Applies	Coinsurance Applies
<p style="color: red;">Serious Mental Illness</p>	<p>Situs Amendment Issue Instructions & Certificate</p>	<ul style="list-style-type: none"> • Coverage is same as any other illness • (Situs Amendment) Anorexia nervosa / Bulimia nervosa / Bipolar disorder / Delusional disorder / Major depressive disorder / Obsessive-compulsive disorder / Panic disorder / Schizo-affective disorder / Schizophrenia • (Certificate) Schizophrenia, paranoid & other psychotic disorders, bipolar disorders, major depressive disorders, schizoaffective disorders, pervasive developmental disorders, obsessive-compulsive disorders, depression in childhood & adolescence; and panic disorder • Does not include coverage for the treatment of alcoholism or other drug dependencies through the diagnosis or treatment of one or more serious mental illnesses • Coverage for the treatment, services and supplies for care of serious mental illness when that care is rendered by a mental health professional licensed or certified by the State Board of Licensing or in a mental health facility licensed by the State 	<p style="text-align: center;">YES</p>	<p style="text-align: center;">YES</p>

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Pivot Health / STM State Rules & Mandate Summary – INDIANA (GROUP)

Dependent Elig & Re-Apply Rules or State Mandate	Review Source for Details	Details	Deductible Applies	Coinsurance Applies
Dependent Eligibility Rules	Certificate or Endorsement	<ul style="list-style-type: none"> “Eligible Dependent” means: a. the Insured’s lawful spouse; and b. a financially dependent child, which includes: 1. a natural or adopted son or daughter of the Insured, less than age 24, regardless of support level; or 2. a stepchild, child subject to legal guardianship, grandchild or other blood relative less than age 24 who depends on the Insured for more than fifty percent (50%) of the individual’s total support. 	n/a	n/a
Reapply Question	Plan Availability Chart	<ul style="list-style-type: none"> n/a 	n/a	n/a
Lead Poisoning Screening for Children	Situs Amendment	<ul style="list-style-type: none"> When not considered experimental or investigational. Baseline lead test at approximate age of 12 months Screening & diagnostic evaluations under age of 6 if at high risk for lead poisoning based on guidelines and criteria from Division of Public Health 	YES	YES
Newborns	Issue Instructions & Certificate	<ul style="list-style-type: none"> Routine nursery care Cleft lip / palate (including orthodontic and oral surgery treatment) 	YES	YES
Ovarian Cancer Monitoring	Situs Amendment	<ul style="list-style-type: none"> Coverage will be provided for a CA-125 monitoring of ovarian cancer, subsequent to treatment 	YES	YES
Pap Smears	Situs Amendment	<ul style="list-style-type: none"> Applies to all females aged 18 and over Annual benefit for one cervical & endometrial cancer screening (pap smear) 	YES	YES

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Mandate	Review Source for Details	Details	Deductible Applies	Coinsurance Applies
Serious Mental Illness	Situs Amendment	<ul style="list-style-type: none"> • Anorexia nervosa / Bulimia nervosa / Bipolar disorder / Delusional disorder / Major depressive disorder / Obsessive-compulsive disorder / Panic disorder / Schizo-affective disorder / Schizophrenia • Does not include coverage for the treatment of alcoholism or other drug dependencies through the diagnosis or treatment of one or more serious mental illnesses • Coverage for the treatment, services and supplies for care of serious mental illness when that care is rendered by a mental health professional licensed or certified by the State Board of Licensing or in a mental health facility licensed by the State 	YES	YES

INDIANA / PAGE 2 of 2 (Last Updated 5/13/19)

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Pivot Health / STM State Rules & Mandate Summary – IOWA (GROUP)

Dependent Elig & Re-Apply Rules or State Mandate	Review Source for Details	Details	Deductible Applies	Coinsurance Applies
Dependent Eligibility Rules	Certificate or Endorsement	<ul style="list-style-type: none"> • “Eligible Dependent” means: a. the Insured’s lawful spouse; and b. the Insured’s unmarried children who are less than age 26. • Dependent children may include stepchildren, foster children, legally adopted children, children of adopting parents pending finalization of adoption procedures, and children for whom coverage has been court-ordered. • Dependent children (other than those for whom coverage has been court-ordered) must be primarily dependent on the Insured for principal support and maintenance. 	n/a	n/a
Reapply Question	Plan Availability Chart	<ul style="list-style-type: none"> • n/a 	n/a	n/a
Lead Poisoning Screening for Children	Situs Amendment	<ul style="list-style-type: none"> • When not considered experimental or investigational. Baseline lead test at approximate age of 12 months • Screening & diagnostic evaluations under age of 6 if at high risk for lead poisoning based on guidelines and criteria from Division of Public Health 	YES	YES
Mammography	Issue Instructions & Certificate	<ul style="list-style-type: none"> • One baseline mammogram for covered person age 35-39 • One mammogram for covered person every 2 years for age 40-49 • Annually for covered person age 50+ • More frequently if recommended by doctor 	YES	YES

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Mandate	Review Source for Details	Details	Deductible Applies	Coinsurance Applies
Ovarian Cancer Monitoring	Situs Amendment	<ul style="list-style-type: none"> Coverage will be provided for a CA-125 monitoring of ovarian cancer, subsequent to treatment 	YES	YES
Pap Smears	Situs Amendment	<ul style="list-style-type: none"> Applies to all females aged 18 and over Annual benefit for one cervical & endometrial cancer screening (pap smear) 	YES	YES
Serious Mental Illness	Situs Amendment	<ul style="list-style-type: none"> Anorexia nervosa / Bulimia nervosa / Bipolar disorder / Delusional disorder / Major depressive disorder / Obsessive-compulsive disorder / Panic disorder / Schizo-affective disorder / Schizophrenia Does not include coverage for the treatment of alcoholism or other drug dependencies through the diagnosis or treatment of one or more serious mental illnesses Coverage for the treatment, services and supplies for care of serious mental illness when that care is rendered by a mental health professional licensed or certified by the State Board of Licensing or in a mental health facility licensed by the State 	YES	YES

IOWA / PAGE 2 of 2 (Last Updated 5/13/19)

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Pivot Health / STM State Rules & Mandate Summary – KENTUCKY (GROUP)

Dependent Elig & Re-Apply Rules or State Mandate	Review Source for Details	Details	Deductible Applies	Coinsurance Applies
Dependent Eligibility Rules	Certificate or Endorsement	<ul style="list-style-type: none"> “Eligible Dependent” means: a. the Insured’s lawful spouse; and b. the Insured’s unmarried children who are less than age 26. Dependent children may include stepchildren, foster children, legally adopted children, children of adopting parents pending finalization of adoption procedures, and children for whom coverage has been court-ordered. 	n/a	n/a
Reapply Question	Plan Availability Chart	<ul style="list-style-type: none"> n/a 	n/a	n/a
Lead Poisoning Screening for Children	Situs Amendment	<ul style="list-style-type: none"> When not considered experimental or investigational. Baseline lead test at approximate age of 12 months Screening & diagnostic evaluations under age of 6 if at high risk for lead poisoning based on guidelines and criteria from Division of Public Health 	YES	YES
Mammogram	Issue Instruction & Certificate	<ul style="list-style-type: none"> One screening mammogram to persons age 35-39 One mammogram every 2 years for person age 40-49 Annual mammogram for person 50+ 	YES	YES
Non-Medical Nuclear Radiation	Issue Instructions & Certificate	<ul style="list-style-type: none"> Cannot exclude 	YES	YES
Ovarian Cancer Monitoring	Situs Amendment	<ul style="list-style-type: none"> Coverage will be provided for a CA-125 monitoring of ovarian cancer, subsequent to treatment 	YES	YES

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Mandate	Review Source for Details	Details	Deductible Applies	Coinsurance Applies
Pain Disorders	Issue Instructions & Certificate	<ul style="list-style-type: none"> Cannot exclude 	YES	YES
Pap Smears	Situs Amendment	<ul style="list-style-type: none"> Applies to all females aged 18 and over Annual benefit for one cervical & endometrial cancer screening (pap smear) 	YES	YES
Related Immunodeficiency Disorders	Issue Instructions & Certificate	<ul style="list-style-type: none"> Cannot exclude 	YES	YES
Serious Mental Illness	Situs Amendment	<ul style="list-style-type: none"> Anorexia nervosa / Bulimia nervosa / Bipolar disorder / Delusional disorder / Major depressive disorder / Obsessive-compulsive disorder / Panic disorder / Schizo-affective disorder / Schizophrenia Does not include coverage for the treatment of alcoholism or other drug dependencies through the diagnosis or treatment of one or more serious mental illnesses Coverage for the treatment, services and supplies for care of serious mental illness when that care is rendered by a mental health professional licensed or certified by the State Board of Licensing or in a mental health facility licensed by the State 	YES	YES
TMJ	Issue Instructions & Certificate	<ul style="list-style-type: none"> Cannot exclude 	YES	YES

KENTUCKY / PAGE 2 of 2 (Last Updated 5/13/2019)

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Pivot Health / STM State Rules & Mandate Summary – LOUISIANA (GROUP)

Dependent Elig & Re-Apply Rules or State Mandate	Review Source for Details	Details	Deductible Applies	Coinsurance Applies
<p align="center">Dependent Eligibility Rules</p>	<p align="center">Certificate or Endorsement</p>	<ul style="list-style-type: none"> • Eligible Dependent” means: 1) the Insured’s lawful spouse; and 2) the Insured’s unmarried children who are less than age 21. An unmarried child who is less than age 24 may also be included if the child is enrolled full-time in an accredited school or college. Coverage shall continue if such child develops a mental or nervous condition, problem, or disorder which, in the opinion of a qualified psychiatrist, subject to a second opinion if deemed necessary by Us, prevents the unmarried child from attending school as a full-time student and from holding self-sustaining employment provided the child is under the age of 24. • Dependent children may include stepchildren, grandchildren in legal custody, foster children, legally adopted children, children of adopting parents pending finalization of adoption procedures, and children for whom coverage has been court-ordered. • Dependent children (other than those for whom coverage has been court-ordered) must be primarily dependent on the Insured for principal support and maintenance. 	<p align="center">n/a</p>	<p align="center">n/a</p>
<p align="center">Reapply Question</p>	<p align="center">Plan Availability Chart</p>	<ul style="list-style-type: none"> • n/a 	<p align="center">n/a</p>	<p align="center">n/a</p>
<p align="center">Chiropractic Care</p>	<p align="center">Issue Instructions & Certificate</p>	<ul style="list-style-type: none"> • Exclusion for Spinal manipulation or adjustment and Exclusion for Speech, vocational, occupational, biofeedback, acupuncture, recreational, sleep or music therapy, holistic care of any nature, massage and kinestherapy include the words: <i>(except chiropractor care)</i>. 	<p align="center">YES</p>	<p align="center">YES</p>
<p align="center">Lead Poisoning Screening for Children</p>	<p align="center">Situs Amendment</p>	<ul style="list-style-type: none"> • When not considered experimental or investigational. Baseline lead test at approximate age of 12 months • Screening & diagnostic evaluations under age of 6 if at high risk for lead poisoning based on guidelines and criteria from Division of Public Health 	<p align="center">YES</p>	<p align="center">YES</p>

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Ovarian Cancer Monitoring	Situs Amendment	<ul style="list-style-type: none"> Coverage will be provided for a CA-125 monitoring of ovarian cancer, subsequent to treatment 	YES	YES
Pap Smears	Situs Amendment	<ul style="list-style-type: none"> Applies to all females aged 18 and over Annual benefit for one cervical & endometrial cancer screening (pap smear) 	YES	YES
Serious Mental Illness	Situs Amendment	<ul style="list-style-type: none"> Anorexia nervosa / Bulimia nervosa / Bipolar disorder / Delusional disorder / Major depressive disorder / Obsessive-compulsive disorder / Panic disorder / Schizo-affective disorder / Schizophrenia Does not include coverage for the treatment of alcoholism or other drug dependencies through the diagnosis or treatment of one or more serious mental illnesses Coverage for the treatment, services and supplies for care of serious mental illness when that care is rendered by a mental health professional licensed or certified by the State Board of Licensing or in a mental health facility licensed by the State 	YES	YES

LOUISIANA / PAGE 2 of 2 (Last Updated 5/17/2018)

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Pivot Health / STM State Rules & Mandate Summary – MICHIGAN (GROUP)

Dependent Elig & Re-Apply Rules or State Mandate	Review Source for Details	Details	Deductible Applies	Coinsurance Applies
Dependent Eligibility Rules	Certificate or Endorsement	<ul style="list-style-type: none"> “Eligible Dependent” means: a. the Insured’s lawful spouse; and b. the Insured’s unmarried children who are less than age 26. Dependent children may include stepchildren, foster children, legally adopted children, children of adopting parents pending finalization of adoption procedures, and children for whom coverage has been court-ordered. 	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? 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
Diabetes Equipment, Supplies & Education	Issue Instructions & Certificate	<ul style="list-style-type: none"> Equipment, supplies & educational training Applies to Gestational diabetes, Insulin-dependent diabetes, non-insulin dependent diabetes 	YES	YES
Lead Poisoning Screening for Children	Situs Amendment	<ul style="list-style-type: none"> When not considered experimental or investigational. Baseline lead test at approximate age of 12 months Screening & diagnostic evaluations under age of 6 if at high risk for lead poisoning based on guidelines and criteria from Division of Public Health 	YES	YES
Off-Label Drugs	Issue Instructions	<ul style="list-style-type: none"> Outpatient RX Rider Must cover 	YES	n/a
Ovarian Cancer Monitoring	Situs Amendment	<ul style="list-style-type: none"> Coverage will be provided for a CA-125 monitoring of ovarian cancer, subsequent to treatment 	YES	YES
Pap Smears	Situs Amendment	<ul style="list-style-type: none"> Applies to all females aged 18 and over Annual benefit for one cervical & endometrial cancer screening (pap smear) 	YES	YES

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Mandate	Review Source for Details	Details	Deductible Applies	Coinsurance Applies
<p style="color: red; text-align: center;">Serious Mental Illness</p>	<p style="text-align: center;">Situs Amendment</p>	<ul style="list-style-type: none"> • Anorexia nervosa / Bulimia nervosa / Bipolar disorder / Delusional disorder / Major depressive disorder / Obsessive-compulsive disorder / Panic disorder / Schizo-affective disorder / Schizophrenia • Does not include coverage for the treatment of alcoholism or other drug dependencies through the diagnosis or treatment of one or more serious mental illnesses • Coverage for the treatment, services and supplies for care of serious mental illness when that care is rendered by a mental health professional licensed or certified by the State Board of Licensing or in a mental health facility licensed by the State 	<p style="text-align: center;">YES</p>	<p style="text-align: center;">YES</p>

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

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Pivot Health / STM State Rules & Mandate Summary – MISSISSIPPI (GROUP)

Dependent Elig & Re-Apply Rules or State Mandate	Review Source for Details	Details	Deductible Applies	Coinsurance Applies
Dependent Eligibility Rules	Certificate or Endorsement	<ul style="list-style-type: none"> “Eligible Dependent” means: a. the Insured’s lawful spouse; and b. the Insured’s unmarried children who are less than age 26. Dependent children may include stepchildren, foster children, legally adopted children, children of adopting parents pending finalization of adoption procedures, and children for whom coverage has been court-ordered. 	n/a	n/a
Reapply Question	Plan Availability Chart	<ul style="list-style-type: none"> n/a 	n/a	n/a
Alcoholism Treatment	Issue Instructions & Certificate	<ul style="list-style-type: none"> Cover same as any other sickness Up to \$1,000 per year 	YES	YES
Lead Poisoning Screening for Children	Situs Amendment	<ul style="list-style-type: none"> When not considered experimental or investigational. Baseline lead test at approximate age of 12 months Screening & diagnostic evaluations under age of 6 if at high risk for lead poisoning based on guidelines and criteria from Division of Public Health 	YES	YES
Ovarian Cancer Monitoring	Situs Amendment	<ul style="list-style-type: none"> Coverage will be provided for a CA-125 monitoring of ovarian cancer, subsequent to treatment 	YES	YES
Pap Smears	Situs Amendment	<ul style="list-style-type: none"> Applies to all females aged 18 and over Annual benefit for one cervical & endometrial cancer screening (pap smear) 	YES	YES

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Mandate	Review Source for Details	Details	Deductible Applies	Coinsurance Applies
Serious Mental Illness	Situs Amendment	<ul style="list-style-type: none"> Anorexia nervosa / Bulimia nervosa / Bipolar disorder / Delusional disorder / Major depressive disorder / Obsessive-compulsive disorder / Panic disorder / Schizo-affective disorder / Schizophrenia Does not include coverage for the treatment of alcoholism or other drug dependencies through the diagnosis or treatment of one or more serious mental illnesses Coverage for the treatment, services and supplies for care of serious mental illness when that care is rendered by a mental health professional licensed or certified by the State Board of Licensing or in a mental health facility licensed by the State 	YES	YES
TMJ & CMD	Issue Instructions & Certificate	<ul style="list-style-type: none"> Up to \$5,000 per lifetime 	YES	YES

MISSISSIPPI / PAGE 2 of 2 (Last Updated 5/13/19)

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Pivot Health / STM State Rules & Mandate Summary - MISSOURI (INDIVIDUAL)

Dependent Elig & Re-Apply Rules or State Mandate	Review Source for Details	Details	Deductible Applies	Coinsurance Applies
Dependent Eligibility Rules	Policy	<ul style="list-style-type: none"> “Eligible Dependent” means: 1. the Insured’s lawful spouse; and 2. the Insured’s children who are less than 26. Dependent child may include stepchildren, foster children, legally adopted children, children of adopting parents pending finalization of adoption procedures, and children for whom coverage has been court-ordered. Dependent children (other than those for whom coverage has been court-ordered) must be primarily dependent on the Insured for principal support and maintenance. 	n/a	n/a
Reapply Question	Plan Availability Chart	<ul style="list-style-type: none"> n/a 	n/a	n/a
AIDS-	Issue Instructions & Policy	<ul style="list-style-type: none"> Cannot exclude 	YES	YES
Emergency Treatment	Issue Instructions & Policy	<ul style="list-style-type: none"> Emergency Treatment that results from a complication even though condition is not covered 	YES	YES
Formula & Low Protein Modified Food Products	Issue Instructions & Policy	<ul style="list-style-type: none"> Formula and low protein modified food products recommended by a Doctor for the treatment of a patient with phenylketonuria or any inherited disease of amino and organic acids who is covered under this Policy and who is less than six years of age 	YES	YES
Loss or Impairment of Speech or Hearing	Issue Instructions & Policy	<ul style="list-style-type: none"> Medically Necessary care and treatment of loss or impairment of speech or hearing. Loss or impairment of speech or hearing includes those communicative disorders generally treated by a speech pathologist, audiologist or speech/language pathologist 	YES	YES

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Dependent Elig & Re-Apply Rules or State Mandate	Review Source for Details	Details	Deductible Applies	Coinsurance Applies
Mammography	Issue Instructions & Policy	<ul style="list-style-type: none"> • Low-dose mammography screening for any non-symptomatic woman as follows: • One baseline mammogram for a Covered Person age 35 through 39 years, inclusive; • A mammogram every 2 years for a Covered Person age 40 through 49, inclusive (or more frequently if recommended by the Covered Person's Doctor) • A mammogram every year for a Covered Person age 50 and over; and • A mammogram for any Covered Person, upon the recommendation of a Doctor, where such Covered Person, her mother or her sister has a prior history of breast cancer 	YES	YES
Suicide While Insane	Issue Instructions & Policy	<ul style="list-style-type: none"> • Cannot exclude 	YES	YES
TMJ	Issue Instructions & Policy	<ul style="list-style-type: none"> • Cannot exclude 	YES	YES

MISSOURI / PAGE 2 of 2 (Last Updated 4/12/2018)

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Pivot Health / STM State **Rules & Mandate** Summary – NEBRASKA (GROUP)

Dependent Elig & Re-Apply Rules or State Mandate	Review Source for Details	Details	Deductible Applies	Coinsurance Applies
Dependent Eligibility Rules	Certificate or Endorsement	<ul style="list-style-type: none"> ““Eligible Dependent” means: a. the Insured’s lawful spouse; and b. the Insured’s unmarried children who are less than age 26. Dependent children may include stepchildren, foster children, legally adopted children, children of adopting parents pending finalization of adoption procedures, and children for whom coverage has been court-ordered. Dependent children (other than those for whom coverage has been court-ordered) must be primarily dependent on the Insured for principal support and maintenance. 	n/a	n/a
Reapply Question	Plan Availability Chart	<ul style="list-style-type: none"> n/a 	n/a	n/a
Alcoholism	Issue Instructions & Certificate	<ul style="list-style-type: none"> Inpatient and Outpatient covered same as any sickness 	YES	YES
Childhood Immunizations	Issue Instructions & Certificate	<ul style="list-style-type: none"> To age 6 	NO	YES
Colorectal Cancer Exams	Issue Instructions & Certificate	<ul style="list-style-type: none"> Coverage periods of 6 months or more Age 50 years of age and older 	YES	YES
Diabetes	Issue Instructions & Certificate	<ul style="list-style-type: none"> Equipment, supplies, medication, medically necessary home visits and outpatient training. Training limited to \$500 every two years. 	YES	YES
Lead Poisoning Screening for Children	Situs Amendment	<ul style="list-style-type: none"> When not considered experimental or investigational. Baseline lead test at approximate age of 12 months Screening & diagnostic evaluations under age of 6 if at high risk for lead poisoning based on guidelines and criteria from Division of Public Health 	YES	YES

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Mandate	Review Source for Details	Details	Deductible Applies	Coinsurance Applies
Mammography Screenings	Issue Instructions & Certificate	<ul style="list-style-type: none"> A baseline mammogram for any woman who is 35 years of age or older, but younger than 40 years of age. A mammogram every 2 years for any woman who is 40 years of age or older, but younger than 50 years of age, or more frequently based on the Doctor's recommendation. A mammogram every year for any woman who is 50 years of age or older. 	YES	YES
Orally Administered Chemo	Issue Instructions & Certificate	<ul style="list-style-type: none"> Must be covered / Pre-certification can apply 	YES	YES
Ovarian Cancer Monitoring	Situs Amendment	<ul style="list-style-type: none"> Coverage will be provided for a CA-125 monitoring of ovarian cancer, subsequent to treatment 	YES	YES
Pap Smears	Situs Amendment	<ul style="list-style-type: none"> Applies to all females aged 18 and over Annual benefit for one cervical & endometrial cancer screening (pap smear) 	YES	YES
Serious Mental Illness	Situs Amendment	<ul style="list-style-type: none"> Anorexia nervosa / Bulimia nervosa / Bipolar disorder / Delusional disorder / Major depressive disorder / Obsessive-compulsive disorder / Panic disorder / Schizo-affective disorder / Schizophrenia Does not include coverage for the treatment of alcoholism or other drug dependencies through the diagnosis or treatment of one or more serious mental illnesses Coverage for the treatment, services and supplies for care of serious mental illness when that care is rendered by a mental health professional licensed or certified by the State Board of Licensing or in a mental health facility licensed by the State 	YES	YES

NEBRASKA / PAGE 2 of 2 (Last Updated 35/13/19)

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Pivot Health / STM State Rules & Mandate Summary – NEVADA (GROUP)

Dependent Elig & Re-Apply Rules or State Mandate	Review Source for Details	Details	Deductible Applies	Coinsurance Applies
Dependent Eligibility Rules	Certificate or Endorsement	<ul style="list-style-type: none"> • “Eligible Dependent” means: a. the Insured’s lawful spouse; and b. the Insured’s unmarried children who are less than age 26. • Dependent children may include stepchildren, foster children, legally adopted children, children of adopting parents pending finalization of adoption procedures, and children for whom coverage has been court-ordered. • Dependent children (other than those for whom coverage has been court-ordered) must be primarily dependent on the Insured for principal support and maintenance. 	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
Alcohol / Drug	Issue Instructions & Certificate	<ul style="list-style-type: none"> • Up to \$1,500 per calendar year for treatment for withdrawal from physiological effects of alcohol or drugs • Up to \$9,000 per calendar year for the treatment for a patient admitted to a facility • Counseling for insured who is not admitted to a facility up to \$2,500 per calendar year 	YES	YES
Clinical Trials	Issue Instructions & Certificate	<ul style="list-style-type: none"> • Limited to coverage for any drug or device approved for sale by FDA without regard to whether approved drug or device has been approved for use in the medical treatment of covered person 	YES	YES
Colorectal Cancer Screening	Issue Instructions & Certificate	<ul style="list-style-type: none"> • Colorectal Cancer Screening within guidelines of American Cancer Society or other published reports or guidelines by professional organizations which include supporting current scientific data 	YES	YES

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Mandate	Review Source for Details	Details	Deductible Applies	Coinsurance Applies
Contraceptives	Issue Instructions & Certificate	<ul style="list-style-type: none"> Outpatient Rx Rider Must Cover 	YES	YES
Diabetes	Issue Instructions & Certificate	<ul style="list-style-type: none"> Management and treatment of diabetes including coverage for self-management of diabetes Includes type I, type II and gestational diabetes 	YES	YES
HPV Vaccine	Issue Instructions & Certificate	<ul style="list-style-type: none"> Covered for vaccine administered to women and girls at such ages as recommended by CDC, HHS and FDA Prior authorization not required 	YES	YES
Inherited Metabolic Diseases	Issue Instructions & Certificate	<ul style="list-style-type: none"> Enteral formulas used at home Up to \$2,500 per year 	YES	YES
Intoxication	Issue Instructions & Certificate	<ul style="list-style-type: none"> Cannot exclude 	YES	YES
Lead Poisoning Screening for Children	Situs Amendment	<ul style="list-style-type: none"> When not considered experimental or investigational. Baseline lead test at approximate age of 12 months Screening & diagnostic evaluations under age of 6 if at high risk for lead poisoning based on guidelines and criteria from Division of Public Health 	YES	YES
Mammograms	Issue Instructions & Certificate	<ul style="list-style-type: none"> Baseline mammogram for women age 35-40 Annual mammogram for women 40+ 	YES	YES
OB/GYN Services	Issue Instructions & Certificate	<ul style="list-style-type: none"> Coverage provided without first receiving authorization or a referral from a primary care Dr. 	YES	YES

NEVADA / PAGE 2 of 4 (Last Updated 10/6/20)

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Mandate	Review Source for Details	Details	Deductible Applies	Coinsurance Applies
Off Label Drugs for Cancer	Issue Instructions & Certificate	<ul style="list-style-type: none"> Outpatient Rx Rider Must Cover 		
Ovarian Cancer Monitoring	Situs Amendment	<ul style="list-style-type: none"> Coverage will be provided for a CA-125 monitoring of ovarian cancer, subsequent to treatment. 	YES	YES
Pap Smears	Situs Amendment Issue Instructions & Certificate	<ul style="list-style-type: none"> Applies to all females aged 18 and over Annual benefit for one cervical & endometrial cancer screening (pap smear) 	YES	YES
Reconstructive Surgery	Issue Instructions & Certificate	<ul style="list-style-type: none"> When surgery is within 3 years of mastectomy 	YES	YES
Self-Inflicted Injury	Issue Instructions & Certificate	<ul style="list-style-type: none"> Cannot exclude if its cause is related to mental illness 	YES	YES

NEVADA / PAGE 3 of 4 (Last Updated 10/6/20)

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Mandate	Review Source for Details	Details	Deductible Applies	Coinsurance Applies
Serious Mental Illness	Situs Amendment Issue Instructions & Certificate	<ul style="list-style-type: none"> (Situs Amendment) Anorexia nervosa / Bulimia nervosa / Bipolar disorder / Delusional disorder / Major depressive disorder / Obsessive-compulsive disorder / Panic disorder / Schizo-affective disorder / Schizophrenia (Certificate) Schizophrenia, Schizoaffective disorder, Bipolar disorder, Major depressive disorders, Panic disorder, obsessive-compulsive disorder) (Situs Amendment) Does not include coverage for the treatment of alcoholism or other drug dependencies through the diagnosis or treatment of one or more serious mental illnesses – See Alcohol & Drug Mandate above Coverage for the treatment, services and supplies for care of serious mental illness when that care is rendered by a mental health professional licensed or certified by the State Board of Licensing or in a mental health facility licensed by the State (Certificate) 40 days of hospitalization per policy year and 40 visits for outpatient treatment per policy year (Certificate) Cannot exclude self-inflicted injury if cause is related to a mental illness 	YES	YES
Telehealth Services	Issue Instructions & Certificate	<ul style="list-style-type: none"> Cannot exclude 	YES	YES
TMJ	Issue Instructions & Certificate	<ul style="list-style-type: none"> Cannot exclude 	YES	YES
Women's Health Benefits	Issue Instructions & Certificate	<ul style="list-style-type: none"> Without copay/coinsurance 	YES	NO

NEVADA / PAGE 4 of 4 (Last Updated 10/6/20)

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Pivot Health / STM State Rules & Mandate Summary – NORTH CAROLINA (INDIVIDUAL)

Dependent Elig & Re-Apply Rules or State Mandate	Review Source for Details	Details	Deductible Applies	Coinsurance Applies
Dependent Eligibility Rules	Policy	<ul style="list-style-type: none"> • “Eligible Dependent” means: 1. the Insured’s lawful spouse; and 2. the Insured’s children who are less than 26. • Dependent child may include stepchildren, foster children, legally adopted children, children of adopting parents pending finalization of adoption procedures, and children for whom coverage has been court-ordered. • Dependent children (other than those for whom coverage has been court-ordered) must be primarily dependent on the Insured for principal support and maintenance. 	n/a	n/a
Reapply Question	Plan Availability Chart	<ul style="list-style-type: none"> • n/a 	n/a	n/a
AIDS, ARC or related immunodeficiency disorders	Issue Instructions & Policy	<ul style="list-style-type: none"> • Cannot exclude 	YES	YES
Anesthesia for Dental Procedures	Issue Instructions & Policy	<ul style="list-style-type: none"> • Child less than 9 who is severely disabled or has medical condition and requires hospitalization or general anesthesia for dental care 	YES	YES
Breast Reconstruction	Issue Instructions & Policy	<ul style="list-style-type: none"> • Covered regardless of when mastectomy took place • Includes lymphedemas 	YES	YES
Cervical Cancer Screening	Issue Instructions & Policy	<ul style="list-style-type: none"> • Including exam, lab fees and doctor interpretation of lab results 	YES	YES

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Mandate	Review Source for Details	Details	Deductible Applies	Coinsurance Applies
Diabetes Treatment, Supplies & Education	Issue Instructions & Policy	<ul style="list-style-type: none"> Foot exclusion does not apply to diabetic benefit Services including diabetes outpatient self-management training and educational services, equipment, supplies, medications and lab procedures to treat diabetes 	YES	YES
Injury While Under Influence of Drugs or Alcohol	Issue Instructions & Policy	<ul style="list-style-type: none"> Cannot Exclude 	YES	YES
Mammography	Issue Instructions & Policy	<ul style="list-style-type: none"> One baseline mammogram for covered female age 35-39 One mammogram every other year for female covered person age 40-49 Annual mammogram for female covered person age 50+ One or more mammograms a year for any covered female who is at risk for breast cancer, as recommended by a doctor 	YES	YES
Prostate Cancer Exams	Issue Instructions & Policy	<ul style="list-style-type: none"> PSA test or equivalent tests for presence of prostate cancer 	YES	YES
Venereal Disease Including All Sexually Transmitted Diseases & Conditions	Issue Instructions & Policy	<ul style="list-style-type: none"> Cannot exclude 	YES	YES
TMJ	Issue Instructions & Policy	<ul style="list-style-type: none"> Cannot exclude Up to \$3500 for non-surgical treatment per lifetime 	YES	YES

NORTH CAROLINA / PAGE 2 of 2 (Last Updated 3/14/2018)

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Pivot Health / STM State Rules & Mandate Summary – NORTH DAKOTA (INDIVIDUAL)

Dependent Elig & Re-Apply Rules or State Mandate	Review Source for Details	Details	Deductible Applies	Coinsurance Applies
Dependent Eligibility Rules	Policy	<ul style="list-style-type: none"> “Eligible Dependent” means: 1. the Insured’s lawful spouse; and 2. the Insured’s children who are less than 26. 3/ Unmarried child of a dependent child who is under 22 years of age, if the dependent child physically resides with the You and is chiefly dependent upon You for support and maintenance. Dependent child may include stepchildren, foster children, legally adopted children, children of adopting parents pending finalization of adoption procedures, and children for whom coverage has been court-ordered. 	n/a	n/a
Reapply Question	Plan Availability Chart	<ul style="list-style-type: none"> Has any person applying for coverage been covered under two consecutive nonrenewable Short Term Medical policies without a break in coverage during the past 12 months? You must wait 30 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
AIDS, ARC or related Immunodeficiency Disorders	Issue Instructions & Policy	<ul style="list-style-type: none"> Cannot exclude 	YES	YES
Anesthesia for Dental Procedures	Issue Instructions & Policy	<ul style="list-style-type: none"> Child less than 9 who is severely disabled or has a medical condition and requires hospitalization or general anesthesia for dental care 	YES	YES
Mastectomy	Issue Instructions & Policy	<ul style="list-style-type: none"> Includes lymphedema 	YES	YES
Mammography	Issue Instructions & Policy	<ul style="list-style-type: none"> Baseline for any covered person age 35-40 Annual mammogram, or more frequently if ordered by doctor, for covered person who is at least age 40 	YES	YES

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Mandate	Review Source for Details	Details	Deductible Applies	Coinsurance Applies
Prostate Cancer Screening	Issue Instructions & Policy	<ul style="list-style-type: none"> Exam including digital rectal and PSA test Asymptomatic male age 50+ Black male age 40+ Male age 40+ with family history of prostate cancer 	YES	YES
Self-Inflicted Injury or Sickness	Issue Instructions & Policy	<ul style="list-style-type: none"> Cannot exclude 	YES	YES
TMJ	Issue Instructions & Policy	<ul style="list-style-type: none"> Up to \$2,500 for non-surgical and \$10,000 for surgical Can choose between coverage period or lifetime limits 	YES	YES
Under the Influence	Issue Instructions & Policy	<ul style="list-style-type: none"> Cannot exclude 	YES	YES

NORTH DAKOTA / PAGE 2 of 2 (Last Updated 10/6/20)

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Pivot Health / STM State Rules & Mandate Summary – OHIO (GROUP)

Dependent Elig & Re-Apply Rules or State Mandate	Review Source for Details	Details	Deductible Applies	Coinsurance Applies
Dependent Eligibility Rules	Certificate or Endorsement	<ul style="list-style-type: none"> “Eligible Dependent” means: a. the Insured’s lawful spouse; and b. the Insured’s unmarried children who are less than age 26. Dependent children may include stepchildren, foster children, legally adopted children, children of adopting parents pending finalization of adoption procedures, and children for whom coverage has been court-ordered. 	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"> Cannot exclude 	YES	YES
Alcoholism	Issue Instructions & Certificate	<ul style="list-style-type: none"> Outpatient, inpatient and intermediate primary care limited to \$550 in any coverage period 	YES	YES
Child Health Visit	Issue Instructions & Certificate	<ul style="list-style-type: none"> From birth to age 9 Birth to age 1 limited to \$500 All other ages limited to \$150 per year Hearing screening limited to \$75 	YES	YES
Chronic Fatigue, Pain Disorders	Issue Instructions & Certificate	<ul style="list-style-type: none"> Cannot exclude 	YES	YES

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Mandate	Review Source for Details	Details	Deductible Applies	Coinsurance Applies
Lead Poisoning Screening for Children	Situs Amendment	<ul style="list-style-type: none"> When not considered experimental or investigational. Baseline lead test at approximate age of 12 months. Screening & diagnostic evaluations under age of 6 if at high risk for lead poisoning based on guidelines and criteria from Division of Public Health. 	YES	YES
Mammography	Issue Instructions & Certificate	<ul style="list-style-type: none"> Baseline for covered person age 35-39 Mammogram every 2 years for covered person age 40-49 Annual mammogram for covered person age 50+ 	YES	YES
Ovarian Cancer Monitoring	Situs Amendment	<ul style="list-style-type: none"> Coverage will be provided for a CA-125 monitoring of ovarian cancer, subsequent to treatment 	YES	YES
Pap Smears	Situs Amendment Issue Instructions & Certificate	<ul style="list-style-type: none"> Applies to all females aged 18 and over Annual benefit for one cervical & endometrial cancer screening (pap smear) 	YES	YES
Serious Mental Illness	Situs Amendment	<ul style="list-style-type: none"> Anorexia nervosa / Bulimia nervosa / Bipolar disorder / Delusional disorder / Major depressive disorder / Obsessive-compulsive disorder / Panic disorder / Schizoaffective disorder / Schizophrenia Does not include coverage for the treatment of alcoholism or other drug dependencies through the diagnosis or treatment of one or more serious mental illnesses Coverage for the treatment, services and supplies for care of serious mental illness when that care is rendered by a mental health professional licensed or certified by the State Board of Licensing or in a mental health facility licensed by the State 	YES	YES

OHIO / PAGE 2 of 2 (Last Updated 5/13/19)

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Pivot Health / STM State Rules & Mandate Summary – OKLAHOMA (GROUP)

Dependent Elig & Re-Apply Rules or State Mandate	Review Source for Details	Details	Deductible Applies	Coinsurance Applies
Dependent Eligibility Rules	Certificate or Endorsement	<ul style="list-style-type: none"> “Eligible Dependent” means: a. the Insured’s lawful spouse; and b. the Insured’s unmarried children who are less than age 26. Dependent children may include stepchildren, foster children, legally adopted children, children of adopting parents pending finalization of adoption procedures, and children for whom coverage has been court-ordered. 	n/a	n/a
Reapply Question	Plan Availability Chart	<ul style="list-style-type: none"> n/a 	n/a	n/a
Bone Density	Issue Instructions & Certificate	<ul style="list-style-type: none"> Provided for covered person with an estrogen hormone deficiency with vertebral abnormalities, primary hyperparathyroidism or history of fragility bone fracture or receiving long-term glucocorticoid or currently under treatment for osteoporosis Test not to exceed \$150 	YES	YES
Diabetes Equipment & Supplies	Issue Instructions & Certificate	<ul style="list-style-type: none"> Treatment of Type I, Type II and gestational diabetes Equipment, supplies and related services 	YES	YES
Lead Poisoning Screening for Children	Situs Amendment	<ul style="list-style-type: none"> When not considered experimental or investigational. Baseline lead test at approximate age of 12 months. Screening & diagnostic evaluations under age of 6 if at high risk for lead poisoning based on guidelines and criteria from Division of Public Health. 	YES	YES

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Dependent Elig & Re-Apply Rules or State Mandate	Review Source for Details	Details	Deductible Applies	Coinsurance Applies
Mammography	Issue Instructions & Certificate	<ul style="list-style-type: none"> Once every five years age 35-39 Annually age 40+ Not to exceed \$115 	NO	NO
Ovarian Cancer Monitoring	Situs Amendment	<ul style="list-style-type: none"> Coverage will be provided for a CA-125 monitoring of ovarian cancer, subsequent to treatment 	YES	YES
Newborn Transportation	Issue Instructions & Certificate	<ul style="list-style-type: none"> Transportation necessary for the provision of medical care 	YES	YES
Pap Smears	Situs Amendment	<ul style="list-style-type: none"> Applies to all females aged 18 and over Annual benefit for one cervical & endometrial cancer screening (pap smear) 	YES	YES
Serious Mental Illness	Situs Amendment	<ul style="list-style-type: none"> Anorexia nervosa / Bulimia nervosa / Bipolar disorder / Delusional disorder / Major depressive disorder / Obsessive-compulsive disorder / Panic disorder / Schizo-affective disorder / Schizophrenia Does not include coverage for the treatment of alcoholism or other drug dependencies through the diagnosis or treatment of one or more serious mental illnesses Coverage for the treatment, services and supplies for care of serious mental illness when that care is rendered by a mental health professional licensed or certified by the State Board of Licensing or in a mental health facility licensed by the State 	YES	YES

OKLAHOMA / PAGE 2 of 2 (Last Updated 5/13/19)

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Pivot Health / STM State Rules & Mandate Summary – OREGON (INDIVIDUAL)

Dependent Elig & Re-Apply Rules or State Mandate	Review Source for Details	Details	Deductible Applies	Coinsurance Applies
Dependent Eligibility Rules	Policy	<ul style="list-style-type: none"> “Eligible Dependent” means: 1. the Insured’s lawful spouse; and 2. the Insured’s children who are less than 26. The term “spouse” as used throughout this Policy will also mean Your legal Domestic Partner. Dependent child may include stepchildren, foster children, legally adopted children, children of adopting parents pending finalization of adoption procedures, and children for whom coverage has been court-ordered. 	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 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
Alcohol or Controlled Substance Injury or Sickness	Issue Instructions & Policy	<ul style="list-style-type: none"> Cannot exclude Cover the same as any other benefit 	YES	YES
Alcoholism	Issue Instructions & Policy	<ul style="list-style-type: none"> Treatment in a health care facility 80% of Usual & Customary charges not to exceed \$4,500 	YES	YES
Colorectal Cancer Screening	Issue Instructions & Policy	<ul style="list-style-type: none"> Covered person age 50+ Covered person who is at high risk 	YES	YES
Intestinal Malabsorption	Issue Instructions & Policy	<ul style="list-style-type: none"> Nonprescription elemental enteral formula for home use 	YES	YES

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Mandate	Review Source for Details	Details	Deductible Applies	Coinsurance Applies
Inborn Errors of Metabolism	Issue Instructions & Policy	<ul style="list-style-type: none"> Expenses of diagnosing, monitoring and controlling disorders by nutritional and medical assessment 	YES	YES
Mammography	Issue Instructions & Policy	<ul style="list-style-type: none"> At any time for purpose of diagnosis in symptomatic or high-risk woman upon referral of Dr. Annual age 40+ with or without referral from Dr. 	YES	YES
Pap Smear	Issue Instructions & Policy	<ul style="list-style-type: none"> Annually for women age 18-64 Any time upon referral from woman's Dr. 	YES	YES
Prostate Exams	Issue Instructions & Policy	<ul style="list-style-type: none"> Men age 50+ Men younger than 50 who are at high risk for prostate cancer 	YES	YES
Sex Change Surgery	Issue Instructions & Policy	<ul style="list-style-type: none"> Cannot exclude 	YES	YES

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

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Pivot Health / STM State Rules & Mandate Summary – PENNSYLVANIA (GROUP)

Dependent Elig & Re-Apply Rules or State Mandate	Review Source for Details	Details	Deductible Applies	Coinsurance Applies
Dependent Eligibility Rules	Certificate or Endorsement	<ul style="list-style-type: none"> “Eligible Dependent” means: a. the Insured’s lawful spouse; and b. the Insured’s unmarried children who are less than age 26. Dependent children may include stepchildren, foster children, legally adopted children, children of adopting parents pending finalization of adoption procedures, and children for whom coverage has been court-ordered. 	n/a	n/a
Reapply Question	Plan Availability Chart	<ul style="list-style-type: none"> n/a 	n/a	n/a
Childhood Immunizations	Issue Instructions & Certificate	<ul style="list-style-type: none"> Booster doses of all immunizing agents used in child immunizations 	NO	YES
Lead Poisoning Screening for Children	Situs Amendment	<ul style="list-style-type: none"> When not considered experimental or investigational. Baseline lead test at approximate age of 12 months Screening & diagnostic evaluations under age of 6 if at high risk for lead poisoning based on guidelines and criteria from Division of Public Health 	YES	YES
Mammography	Issue Instructions & Certificate	<ul style="list-style-type: none"> Baseline mammogram for covered person age 35-39 Annual mammogram for covered person age 40+ or more frequently if recommended by Dr. Mammogram based on Dr. recommendation for covered person under 40 	YES	YES
Ovarian Cancer Monitoring	Situs Amendment	<ul style="list-style-type: none"> Coverage will be provided for a CA-125 monitoring of ovarian cancer, subsequent to treatment 	YES	YES

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Mandate	Review Source for Details	Details	Deductible Applies	Coinsurance Applies
Pap Smears	Situs Amendment Issue Instructions & Certificate	<ul style="list-style-type: none"> Applies to all females aged 18 and over Annual benefit for one cervical & endometrial cancer screening (pap smear) 	YES	YES
Serious Mental Illness	Situs Amendment	<ul style="list-style-type: none"> Anorexia nervosa / Bulimia nervosa / Bipolar disorder / Delusional disorder / Major depressive disorder / Obsessive-compulsive disorder / Panic disorder / Schizo-affective disorder / Schizophrenia Does not include coverage for the treatment of alcoholism or other drug dependencies through the diagnosis or treatment of one or more serious mental illnesses Coverage for the treatment, services and supplies for care of serious mental illness when that care is rendered by a mental health professional licensed or certified by the State Board of Licensing or in a mental health facility licensed by the State 	YES	YES
Women's Health	Issue Instructions & Certificate	<ul style="list-style-type: none"> Annual exam that includes pelvic exam, pap smear and clinical breast exam 	YES	YES

PENNSYLVANIA / PAGE 2 of 2 (Last Updated 5/13/19)

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Pivot Health / STM State Rules & Mandate Summary – TENNESSEE (GROUP)

Dependent Elig & Re-Apply Rules or State Mandate	Review Source for Details	Details	Deductible Applies	Coinsurance Applies
Dependent Eligibility Rules	Certificate or Endorsement	<ul style="list-style-type: none"> “Eligible Dependent” means: a. the Insured’s lawful spouse; and b. the Insured’s unmarried children who are less than age 19. An unmarried child who is less than age 25 may also be included if the child is enrolled full-time in an accredited school or college. Dependent children may include stepchildren, foster children, legally adopted children, children of adopting parents pending finalization of adoption procedures, and children for whom coverage has been court-ordered. 	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 	YES	YES
Clinical Trials	Issue Instructions & Certificate	<ul style="list-style-type: none"> Cannot exclude solely on the basis that they are experimental 	YES	YES
Kidney or End State Renal Disease	Issue Instructions & Certificate	<ul style="list-style-type: none"> Must cover 	YES	YES
Lead Poisoning Screening for Children	Situs Amendment	<ul style="list-style-type: none"> When not considered experimental or investigational. Baseline lead test at approximate age of 12 months Screening & diagnostic evaluations under age of 6 if at high risk for lead poisoning based on guidelines and criteria from Division of Public Health 	YES	YES

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Mandate	Review Source for Details	Details	Deductible Applies	Coinsurance Applies
Organ Transplants	Issue Instructions & Certificate	<ul style="list-style-type: none"> Must cover 	YES	YES
Ovarian Cancer Monitoring	Situs Amendment	<ul style="list-style-type: none"> Coverage will be provided for a CA-125 monitoring of ovarian cancer, subsequent to treatment 	YES	YES
Pap Smears	Situs Amendment	<ul style="list-style-type: none"> Applies to all females aged 18 and over Annual benefit for one cervical & endometrial cancer screening (pap smear) 	YES	YES
Reconstructive Breast Surgery	Issue Instructions & Certificate	<ul style="list-style-type: none"> Must cover regardless of when mastectomy occurred 	YES	YES
Serious Mental Illness	Situs Amendment	<ul style="list-style-type: none"> Anorexia nervosa / Bulimia nervosa / Bipolar disorder / Delusional disorder / Major depressive disorder / Obsessive-compulsive disorder / Panic disorder / Schizo-affective disorder / Schizophrenia Does not include coverage for the treatment of alcoholism or other drug dependencies through the diagnosis or treatment of one or more serious mental illnesses Coverage for the treatment, services and supplies for care of serious mental illness when that care is rendered by a mental health professional licensed or certified by the State Board of Licensing or in a mental health facility licensed by the State 	YES	YES
Telemedicine by TN Doctors	Issue Instructions & Certificate	<ul style="list-style-type: none"> Must cover 	YES	YES

TENNESSEE / PAGE 2 of 3 (Last Updated 3/14/2018)

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Mandate	Review Source for Details	Details	Deductible Applies	Coinsurance Applies
Spinal Manipulation	Issue Instructions & Certificate	<ul style="list-style-type: none"> Must cover 	YES	YES
TMJ	Issue Instructions & Certificate	<ul style="list-style-type: none"> Non-Surgical treatment limited to \$1,000 per coverage period 	YES	YES
Venereal Disease	Issue Instructions & Endorsement	<ul style="list-style-type: none"> Must cover 	YES	YES

TENNESSEE / PAGE 3 of 3 (Last Updated 3/14/2018)

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Pivot Health / STM State Rules & Mandate Summary – [TEXAS](#) (GROUP)

Dependent Elig & Re-Apply Rules or State Mandate	Review Source for Details	Details	Deductible Applies	Coinsurance Applies
Dependent Eligibility Rules	Certificate or Endorsement	<ul style="list-style-type: none"> • “Eligible Dependent” means: a. the Insured’s lawful spouse; and b. the Insured’s unmarried children who are less than age 26. • Dependent children include stepchildren, foster children, legally adopted children, children of adopting parents pending finalization of adoption procedures, children who are medically certified as disabled and children for whom the Insured is required to insure under a medical support order issued under Chapter 154, Family Code, or enforceable by a court of this state. • Dependent children may also include a grandchild of the Insured who is less than age 25 and is a dependent on the Insured for federal income tax purposes at the time application for coverage is made. (Coverage for a grandchild may not be terminated solely because he or she is no longer a Dependent of the Insured for federal tax purposes). 	n/a	n/a
Reapply Question	Plan Availability Chart	<ul style="list-style-type: none"> • n/a 	n/a	n/a
Acquired Brain Injury Therapy	Issue Instructions & Certificate	<ul style="list-style-type: none"> • Rehab therapy, testing, treatment, remediation, post-acute transition services 	YES	YES
AIDS	Issue Instructions & Certificate	<ul style="list-style-type: none"> • Must cover 	YES	YES

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Mandate	Review Source for Details	Details	Deductible Applies	Coinsurance Applies
Biofeedback	Issue Instructions & Certificate	<ul style="list-style-type: none"> Cannot exclude 	YES	YES
Chemical Dependency	Issue Instructions & Certificate	<ul style="list-style-type: none"> Abuse of, psychological or physical dependence on or addiction to alcohol or controlled substance Outpatient or inpatient basis Lifetime maximum of 3 separate series of treatments for each covered person 	YES	YES
Childhood Immunizations	Issue Instructions & Certificate	<ul style="list-style-type: none"> Birth to age 6 	NO	NO
Colorectal Cancer Screening	Issue Instructions & Certificate	<ul style="list-style-type: none"> Covered person age 45+ and at normal risk as of policy effective date 1/1/2022 Fecal occult test annually Sigmoidoscopy every 5 years Colonoscopy every 10 years 	YES	YES
Cranio Facial Abnormalities	Issue Instructions & Certificate	<ul style="list-style-type: none"> In child under 19 	YES	YES
Diabetes Supplies, Equipment and Education	Issue Instructions & Certificate	<ul style="list-style-type: none"> Equipment, supplies and related services Type I, Type II, gestational diabetes 	YES	YES

TEXAS / PAGE 2 of 5 (Last Updated 5/13/19)

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Mandate	Review Source for Details	Details	Deductible Applies	Coinsurance Applies
Emergency Services Outside of US	Issue Instructions & Certificate	<ul style="list-style-type: none"> Must cover 	YES	YES
Hearing Aids & Cochlear Implants	Issue Instructions & Certificate	<ul style="list-style-type: none"> Age 18 and under Hearing aid limited to 1 every 3 years. 	YES	YES
Hearing Screenings	Issue Instructions & Certificate	<ul style="list-style-type: none"> For newborn to 30 days Follow-up to age 24 months 	NO	YES
Home Health Care	Issue Instructions & Certificate	<ul style="list-style-type: none"> For 60 visits 	YES	YES
Lead Poisoning Screening for Children	Situs Amendment	<ul style="list-style-type: none"> When not considered experimental or investigational. Baseline lead test at approximate age of 12 months Screening & diagnostic evaluations under age of 6 if at high risk for lead poisoning based on guidelines and criteria from Division of Public Health 	YES	YES
Ovarian Cancer Monitoring	Situs Amendment	<ul style="list-style-type: none"> Coverage will be provided for a CA-125 monitoring of ovarian cancer, subsequent to treatment 	YES	YES
Mammography	Issue Instructions & Certificate	<ul style="list-style-type: none"> Covered same as terms and conditions as a sickness covered under policy Covered person age 35 + 	YES	YES
Mastectomy	Issue Instructions & Certificate	<ul style="list-style-type: none"> Inpatient care up to 48 hours 24 hours lymph node 	YES	YES

TEXAS / PAGE 3 of 5 (Last Updated 3/14/2018)

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Mandate	Review Source for Details	Details	Deductible Applies	Coinsurance Applies
Osteoporosis	Issue Instructions & Certificate	<ul style="list-style-type: none"> • Postmenopausal woman not receiving estrogen replacement therapy • Individual with vertebral abnormalities, primary hyperparathyroidism, history of bone fractures • Individual receiving long-term glucocorticoid therapy, being monitored in response to efficacy of osteoporosis drug therapy 	YES	YES
Pap Smears	Situs Amendment Issue Instructions & Certificate	<ul style="list-style-type: none"> • Applies to all females aged 18 and over • Annual benefit for one cervical & endometrial cancer screening (pap smear) • HPV test 	YES	YES
Prescription Drug Rider	Issue Instructions and Certificate / Rider	<ul style="list-style-type: none"> • Must cover: contraceptive drugs/devices; immunization agents covered under policy; off label drugs; anticancer medications; and out of network drugs (payment same as network drugs) 	YES	n/a
Prostate Exams	Issue Instructions & Certificate	<ul style="list-style-type: none"> • Male covered person age 50+ and asymptomatic • Male covered person age 40+ with a family history of prostate cancer or another prostate cancer risk factor 	YES	YES

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Mandate	Review Source for Details	Details	Deductible Applies	Coinsurance Applies
Serious Mental Illness	Situs Amendment Issue Instructions & Certificate	<ul style="list-style-type: none"> Anorexia nervosa / Bulimia nervosa / Bipolar disorder / Delusional disorder / Major depressive disorder / Obsessive-compulsive disorder / Panic disorder / Schizoaffective disorder / Schizophrenia Does not include coverage for the treatment of alcoholism or other drug dependencies through the diagnosis or treatment of one or more serious mental illnesses Coverage for the treatment, services and supplies for care of serious mental illness when that care is rendered by a mental health professional licensed or certified by the State Board of Licensing or in a mental health facility licensed by the State 45 days inpatient treatment 60 visits for outpatient treatment 	YES	YES
Telemedicine	Issue Instructions & Certificate	<ul style="list-style-type: none"> Telemedicine services 	YES	YES
TMJ	Issue Instructions & Certificate	<ul style="list-style-type: none"> Diagnostic or surgical treatment as a result of a trauma, congenital defect, developmental defect, pathology 	YES	YES

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Pivot Health / STM State Rules & Mandate Summary – VIRGINIA (GROUP)

Dependent Elig & Re-Apply Rules or State Mandate	Review Source for Details	Details	Deductible Applies	Coinsurance Applies
Dependent Eligibility Rules	Certificate or Endorsement	<ul style="list-style-type: none"> “Eligible Dependent” means: a. the Insured’s lawful spouse; and b. the Insured’s unmarried children who are less than age 26. Dependent children may include stepchildren, foster children, legally adopted children, children of adopting parents pending finalization of adoption procedures, and children for whom coverage has been court-ordered Dependent children (other than those for whom coverage has been court-ordered) must be primarily dependent on the Insured for principal support and maintenance. 	n/a	n/a
Reapply Question	Plan Availability Chart	<ul style="list-style-type: none"> n/a 	n/a	n/a
Lead Poisoning Screening for Children	Situs Amendment	<ul style="list-style-type: none"> When not considered experimental or investigational. Baseline lead test at approximate age of 12 months Screening & diagnostic evaluations under age of 6 if at high risk for lead poisoning based on guidelines and criteria from Division of Public Health 	YES	YES
Ovarian Cancer Monitoring	Situs Amendment	<ul style="list-style-type: none"> Coverage will be provided for a CA-125 monitoring of ovarian cancer, subsequent to treatment 	YES	YES
Pap Smears	Situs Amendment	<ul style="list-style-type: none"> Applies to all females aged 18 and over Annual benefit for one cervical & endometrial cancer screening (pap smear) 	YES	YES

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Mandate	Review Source for Details	Details	Deductible Applies	Coinsurance Applies
<p>Serious Mental Illness</p>	<p>Situs Amendment</p>	<ul style="list-style-type: none"> • Anorexia nervosa / Bulimia nervosa / Bipolar disorder / Delusional disorder / Major depressive disorder / Obsessive-compulsive disorder / Panic disorder / Schizo-affective disorder / Schizophrenia • Does not include coverage for the treatment of alcoholism or other drug dependencies through the diagnosis or treatment of one or more serious mental illnesses • Coverage for the treatment, services and supplies for care of serious mental illness when that care is rendered by a mental health professional licensed or certified by the State Board of Licensing or in a mental health facility licensed by the State 	<p>YES</p>	<p>YES</p>

VIRGINIA / PAGE 2 of 2 (Last Updated 5/13/19)

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Pivot Health / STM State Rules & Mandate Summary – WEST VIRGINIA (GROUP)

Dependent Elig & Re-Apply Rules or State Mandate	Review Source for Details	Details	Deductible Applies	Coinsurance Applies
Dependent Eligibility Rules	Certificate or Endorsement	<ul style="list-style-type: none"> “Eligible Dependent” means: a. the Insured’s lawful spouse; and b. the Insured’s unmarried children who are less than age 26. Dependent children may include stepchildren, foster children, legally adopted children, children of adopting parents pending finalization of adoption procedures, and children for whom coverage has been court-ordered. Dependent children (other than those for whom coverage has been court-ordered) must be primarily dependent on the Insured for principal support and maintenance. 	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 during the past 64 days by Companion Life Insurance company? If “yes” then this coverage cannot be issued. We should message the person applying: “You must wait 64 days from the terminate date of your last such policy before you can apply for a new Short Term Medical policy.” 	n/a	n/a
Child Health Services	Issue Instructions & Certificate	<ul style="list-style-type: none"> Immunizations from birth to age 16 	NO for Immunizations	YES
Chronic Pain Treatment	Issue Instructions & Certificates	<ul style="list-style-type: none"> 20 office visits Paid at same level as any other Office Visit or therapy Visit 	YES	YES
Colorectal Exam	Issue Instructions & Certificate	<ul style="list-style-type: none"> Nonsymptomatic person age 50+ Symptomatic person under age 50 	YES	YES
Diabetes Equipment, Supplies & Education	Issue Instructions & Certificate	<ul style="list-style-type: none"> Equipment and supplies for treatment and/or management of diabetes for insult dependent and noninsulin dependent person and those with gestational diabetes 	YES	YES

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Mandate	Review Source for Details	Details	Deductible Applies	Coinsurance Applies
Lead Poisoning Screening for Children	Situs Amendment	<ul style="list-style-type: none"> When not considered experimental or investigational. Baseline lead test at approximate age of 12 months Screening & diagnostic evaluations under age of 6 if at high risk for lead poisoning based on guidelines and criteria from Division of Public Health 	YES	YES
Mammogram	Issue Instructions & Certificate	<ul style="list-style-type: none"> One baseline for women age 35-39 One mammogram every 2 years for women age 40-49, or more frequently if recommended by a Dr. Annual mammogram for women age 50+ 	YES	YES
Ovarian Cancer Monitoring	Situs Amendment	<ul style="list-style-type: none"> Coverage will be provided for a CA-125 monitoring of ovarian cancer, subsequent to treatment 	YES	YES
Pap Smears	Situs Amendment Issue Instructions & Certificate	<ul style="list-style-type: none"> Applies to all females aged 18 and over Annual benefit for one cervical & endometrial cancer screening (pap smear) 	YES	YES
Rehab Services	Issue Instructions & Certificate	<ul style="list-style-type: none"> Stroke, Spinal cord injury, Congenital deformity, Amputation, Major multiple trauma, fracture of femur, Brain injury, Polyarthritis including rheumatoid arthritis, Neurological disorders, Cardia disorders, Burns 	YES	YES

WEST VIRGINIA / PAGE 2 of 3 (Last Updated 5/13/19)

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Dependent Elig & Re-Apply Rules or State Mandate	Review Source for Details	Details	Deductible Applies	Coinsurance Applies
Serious Mental Illness	Situs Amendment	<ul style="list-style-type: none"> Anorexia nervosa / Bulimia nervosa / Bipolar disorder / Delusional disorder / Major depressive disorder / Obsessive-compulsive disorder / Panic disorder / Schizo-affective disorder / Schizophrenia Does not include coverage for the treatment of alcoholism or other drug dependencies through the diagnosis or treatment of one or more serious mental illnesses Coverage for the treatment, services and supplies for care of serious mental illness when that care is rendered by a mental health professional licensed or certified by the State Board of Licensing or in a mental health facility licensed by the State 	YES	YES
TMJ and Craniomandibular Disorders	Issue Instructions & Certificate	<ul style="list-style-type: none"> Treatment of TMJ disorders and craniomandibular disorders 	YES	YES

WEST VIRGINIA / PAGE 3 of 3 (Last Updated 5/13/19)

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Pivot Health / STM State Rules & Mandate Summary – [WISCONSIN](#) (GROUP)

Dependent Elig & Re-Apply Rules or State Mandate	Review Source for Details	Details	Deductible Applies	Coinsurance Applies
Dependent Eligibility Rules	Certificate or Endorsement	<ul style="list-style-type: none"> • “Eligible Dependent” means: a. the Insured’s lawful spouse; and b. the Insured’s unmarried children who are less than age 26. • Dependent children may include stepchildren, foster children, legally adopted children, children of adopting parents pending finalization of adoption procedures, children for whom coverage has been court-ordered, and children of a dependent child until the dependent child reaches age 18. 	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
Alcohol, Drug, Mental & Nervous Disorders	Issue Instructions & Certificate	<ul style="list-style-type: none"> • Inpatient hospital, outpatient and transitional treatment not to exceed \$7,000 per policy year • Inpatient hospital coverage for the lesser of: the expenses of 30 days of inpatient or \$6,300 • Outpatient services up to \$1,800 per policy year • Transitional treatment up to \$2,700 each policy year 	YES	YES
Lead Poisoning Screening for Children	Situs Amendment	<ul style="list-style-type: none"> • When not considered experimental or investigational. Baseline lead test at approximate age of 12 months • Screening & diagnostic evaluations under age of 6 if at high risk for lead poisoning based on guidelines and criteria from Division of Public Health 	YES	YES

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Mandate	Review Source for Details	Details	Deductible Applies	Coinsurance Applies
Mammography	Issue Instructions & Certificate	<ul style="list-style-type: none"> Two low-dose mammography exams for women age 45-49 (coverage not provided if woman had such an exam within previous 2 years) Annual mammogram for women age 50-65 	YES	YES
Newborns	Issue Instructions & Certificate	<ul style="list-style-type: none"> Covered for at least 60 days from birth 	YES	YES
Ovarian Cancer Monitoring	Situs Amendment	<ul style="list-style-type: none"> Coverage will be provided for a CA-125 monitoring of ovarian cancer, subsequent to treatment 	YES	YES
Pap Smears	Situs Amendment	<ul style="list-style-type: none"> Applies to all females aged 18 and over Annual benefit for one cervical & endometrial cancer screening (pap smear) 	YES	YES
Serious Mental Illness	Situs Amendment	<ul style="list-style-type: none"> Anorexia nervosa / Bulimia nervosa / Bipolar disorder / Delusional disorder / Major depressive disorder / Obsessive-compulsive disorder / Panic disorder / Schizo-affective disorder / Schizophrenia Does not include coverage for the treatment of alcoholism or other drug dependencies through the diagnosis or treatment of one or more serious mental illnesses Coverage for the treatment, services and supplies for care of serious mental illness when that care is rendered by a mental health professional licensed or certified by the State Board of Licensing or in a mental health facility licensed by the State 	YES	YES

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Pivot Health / STM State Rules & Mandate Summary – WYOMING (GROUP)

Dependent Elig & Re-Apply Rules or State Mandate	Review Source for Details	Details	Deductible Applies	Coinsurance Applies
Dependent Eligibility Rules	Certificate or Endorsement	<ul style="list-style-type: none"> “Eligible Dependent” means: a. the Insured’s lawful spouse; and b. the Insured’s unmarried children who are less than age 26. Dependent children may include stepchildren, foster children, legally adopted children, children of adopting parents pending finalization of adoption procedures, and children for whom coverage has been court-ordered. 	n/a	n/a
Reapply Question	Plan Availability Chart	<ul style="list-style-type: none"> n/a 	n/a	n/a
Colorectal Cancer Screenings	Issue Instructions & Certificate	<ul style="list-style-type: none"> Colorectal cancer exams and lab tests for any nonsymptomatic person 	YES	YES
Diabetes Equipment, Supplies and Education	Issue Instructions & Certificate	<ul style="list-style-type: none"> One-time evaluation and training when medically necessary, within 1 year of diagnosis Additional self-management training upon change in symptoms, condition or treatment limited to 3 hours per year 	YES	YES
Lead Poisoning Screening for Children	Situs Amendment	<ul style="list-style-type: none"> When not considered experimental or investigational. Baseline lead test at approximate age of 12 months Screening & diagnostic evaluations under age of 6 if at high risk for lead poisoning based on guidelines and criteria from Division of Public Health 	YES	YES

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Mandate	Review Source for Details	Details	Deductible Applies	Coinsurance Applies
Mammography Exam	Issue Instructions & Certificate	<ul style="list-style-type: none"> Screening mammogram and clinical breast exam for any nonsymptomatic person 	YES	YES
Ovarian Cancer Monitoring	Situs Amendment	<ul style="list-style-type: none"> Coverage will be provided for a CA-125 monitoring of ovarian cancer, subsequent to treatment 	YES	YES
Pap Smears	Situs Amendment	<ul style="list-style-type: none"> Applies to all females aged 18 and over Annual benefit for one cervical & endometrial cancer screening (pap smear) 	YES	YES
Prostate Exam	Issue Instructions & Certificate	<ul style="list-style-type: none"> Prostate examination and lab tests for cancer for any nonsymptomatic man 	YES	YES
Serious Mental Illness	Situs Amendment	<ul style="list-style-type: none"> Anorexia nervosa / Bulimia nervosa / Bipolar disorder / Delusional disorder / Major depressive disorder / Obsessive-compulsive disorder / Panic disorder / Schizo-affective disorder / Schizophrenia Does not include coverage for the treatment of alcoholism or other drug dependencies through the diagnosis or treatment of one or more serious mental illnesses Coverage for the treatment, services and supplies for care of serious mental illness when that care is rendered by a mental health professional licensed or certified by the State Board of Licensing or in a mental health facility licensed by the State 	YES	YES

WYOMING / PAGE 2 of 2 (Last Updated 5/13/19)

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