

# **Epic Short-Term Medical Insurance Brochure**

**IMPORTANT: This is a short-term, limited-duration certificate,  
NOT comprehensive health coverage**

This is a temporary limited certificate that has fewer benefits and Federal protections than other types of health insurance options, like those on HealthCare.gov.

| <b>This certificate</b>                                                                                                                                                    | <b>Insurance on HealthCare.gov</b>                                                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <b>Might not cover you</b> due to preexisting health conditions like diabetes, cancer, stroke, arthritis, heart disease, mental health & substance use disorders           | Can't deny you coverage due to preexisting health conditions                                   |
| <b>Might not cover</b> things like prescription drugs, preventive screenings, maternity care, emergency services, hospitalization, pediatric care, physical therapy & more | Covers all essential health benefits                                                           |
| Might have <b>no limit on what you pay</b> out-of-pocket for care                                                                                                          | Protects you with limits on what you pay each year out-of-pocket for essential health benefits |
| You <b>won't qualify</b> for Federal financial help to pay premiums & out-of-pocket costs                                                                                  | Many people qualify for Federal financial help                                                 |
| <b>Doesn't have to meet</b> Federal standards for comprehensive health coverage                                                                                            | All plans must meet Federal standards                                                          |

## **Looking for comprehensive health insurance?**

- **Visit HealthCare.gov** or call **1-800-318-2596** (TTY: 1-855-889-4325) to find health coverage options.
- To find out if you can get health insurance through your job, or a family member's job, contact the employer.

## **Questions about this certificate?**

For questions or complaints about this certificate, contact your State Department of Insurance. Find their number on the National Association of Insurance Commissioners' website (naic.org) under "Insurance Departments."

Marketed By:

**PIVOT** HEALTH  
A HealthCare.com Company

Underwritten By:



The North River Insurance Company

# Epic Short-Term Limited Duration Health Insurance



This short-term medical insurance (Policy form No. STM70000) is marketed by Pivot Health, a HealthCare.com company, and underwritten by The North River Insurance Company, an affiliate of Crum & Forster. Pivot Health is not a subsidiary of the carrier.

EPICSTMBASEPA-011422

AH-2710

# Why Choose an Epic Short-Term Insurance Plan?

Short-term health insurance plans provide medical coverage for a limited period of time to help pay for health care expenses. This flexible health insurance solution is designed to help address gaps in health insurance coverage created by temporary situations. If you're in a time of transition or looking for next day coverage, consider a short-term medical plan.

## Epic Plans Key Features

- Preventive health exams (after 30 days of coverage)
- Child immunizations paid at 100%
- Preventive wellness coverage for the whole family including prostate and colon cancer screening, mammograms and OB-GYN annual exams
- Optional prescription drug benefits on plans (including contraceptives)
- All provider access through reference-based pricing
- As soon as next day effective dates available<sup>1</sup>

## Quick Guide to Epic Plan

|                                                           |            |
|-----------------------------------------------------------|------------|
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<sup>1</sup> See waiting period provisions on page 11 for more details.

# Epic Plan Details

|                                         |                                                                                                                      |
|-----------------------------------------|----------------------------------------------------------------------------------------------------------------------|
|                                         | Epic Base                                                                                                            |
| No Network Requirements                 | All Provider Access                                                                                                  |
|                                         | COVERED EXPENSE HIGHLIGHTS                                                                                           |
| Deductibles                             | \$5,000, \$10,000<br>\$15,000, \$20,000                                                                              |
| Family Deductible Maximum               | 2x individual deductible                                                                                             |
| Coinsurance<br>(Percentage you pay)     | 0%                                                                                                                   |
| Out-of-Pocket Maximum                   | Satisfied after the deductible is met                                                                                |
| Total Coverage Maximum                  | \$500,000 or \$1,000,000                                                                                             |
|                                         | MEDICAL EXPENSE HIGHLIGHTS                                                                                           |
| Primary Doctor Visit                    | No charge after the deductible is met                                                                                |
| Specialist Doctor and Urgent Care Visit | No charge after the deductible is met                                                                                |
| Preventive Examination                  | 30 day wait, 1 primary care visit and services covered at 100% up to \$100 per covered person during coverage period |

This is not a complete list of benefits. Benefits, provisions, limitations and exclusions may vary by state and may not be available in all states. Please see your Certificate for a complete list of all benefits, conditions, limitations, and exclusions.

## Epic Plan Details (Continued)

PIVOT HEALTH

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|                                                             | Epic Base                                                                                             |
|-------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| <b>Emergency Room</b>                                       | \$250 copay then no charge after the deductible is met                                                |
| <b>Hospital Inpatient</b>                                   | No charge after the deductible is met                                                                 |
| <b>Outpatient Surgical Facility</b>                         | No charge after the deductible is met                                                                 |
| <b>Mental Illness and Substance Use Disorder</b>            | Not covered                                                                                           |
| <b>Traveling in A Foreign Country (Emergency treatment)</b> | Not covered                                                                                           |
| <b>PRESCRIPTION DRUG EXPENSE HIGHLIGHTS</b>                 |                                                                                                       |
| <b>Prescription Drugs (Optional benefit)</b>                | Generic copay \$5<br>Preferred copay \$35<br>Non-preferred copay \$70                                 |
| <b>Maximum Prescription Drug Benefit</b>                    | \$1,000 (coverage periods of 6 months or less) or<br>\$2,000 (coverage periods greater than 6 months) |

This is not a complete list of benefits. Benefits, provisions, limitations and exclusions may vary by state and may not be available in all states. Please see your Insurance Policy for a complete list of all benefits, conditions, limitations, and exclusions.

# Epic Base Plans Feature Reference Based Pricing

## Reference Based Pricing

Reference based pricing occurs when a provider submits a claim to the Claim Administration. The administrator then pays the provider based on Medicare allowable amounts. Pivot Health reimburses medical providers based on a percentage above payment maximums which are higher than Medicare allowable amounts, paying up to 150% of Medicare allowable amount for medical facilities and up to 125% of Medicare allowable amount for medical professional services and supplies.

## All Provider Access

With All Provider Access plans, members choose providers that best fit their needs without network restrictions. There is simply one benefit level for all providers, differing from a PPO plan where there are separate in-network and out-of-network benefits.

## No Balance Bill

If a member is presented with unexpected charges on covered benefits for which the member is not liable, due to cost share or limitations, the Plan's Claim Administrator is authorized to resolve the balance bill on their behalf. The member is required to notify Plan's Claim Administrator if an unexpected charge is incurred.

# Medical and Optional Prescription Drug Expense Highlights

The following Medical and Prescription Drug Expenses are subject to the selected Benefit Plan, the applicable Deductible, Coinsurance and Copays, and all Plan provisions, exclusions, and limitations (unless otherwise stated). You will find complete Coverage details in the Insurance Policy. The Expenses must be incurred for a Covered Illness or Injury while insured under the Benefit Plan.

Injuries incurred during school and intramural sports are included, but injuries incurred participating in hazardous or professional sports are not covered. Please refer to the Exclusions and Limitations for details.

## Preventive Health

### Preventive examination

One preventive examination occurs during a doctor office visit which is performed appropriate for age, risk, and gender.

### Obstetrical/gynecological examination

Routine annual obstetrical/gynecological exam.

### Children's preventive health care visits and immunizations

Immunizations are exempt from any copay, coinsurance percentage, deductible, or dollar limit provisions. Children's preventive healthcare refers to doctor services for eligible dependents from birth through 18 years of age, including collection of medical history, physical examination, developmental assessment, immunizations and laboratory tests; routine tests and procedures for the purpose of detection of abnormalities according to accepted medical practice.

### Mammography

Periodic screening mammography and breast ultrasound for the diagnosis of breast disease such as cancer and the evaluation of dense breast. No deductibles will apply to screening or breast ultrasound.

### Prostate cancer screening

Screening for the early detection of prostate cancer in a male 40 years of age and older according to the National Comprehensive Cancer Network guidelines. Prostate cancer screening is not subject to the deductible.

### Colorectal cancer screening

Colorectal cancer examinations and laboratory tests for a non-symptomatic covered person, in accordance with accepted medical practice guidelines for screening individual who is: at least 50 years of age; or less than 50 years of age and at high risk for colorectal cancer according to guidelines.

### Diabetic supplies and management

Outpatient diabetes self-management training and education, equipment, supplies, and pharmacologic agents, including medical nutrition therapy for insulin-dependent diabetes, insulin-using diabetes, gestational diabetes, and non-insulin-using diabetes as prescribed by a doctor.

### Ovarian cancer screening

Expenses for surveillance tests for covered females age 35 and over who are at risk for ovarian cancer.

## Facility and Associated Services

### Hospitalizations, surgeries, services, and supplies

Includes daily room and board and nursing services; intensive care units; use of operating, treatment, and recovery rooms; doctor visits while hospitalized; surgeons and anesthesia expenses; blood, oxygen, drugs, services and supplies routinely administered while hospitalized.

### Emergency room services

Emergency services provided in a hospital emergency room (not an Urgent Care Facility) to treat an emergency medical condition, even if hospital confinement is not required. A copay may be required if not confined as inpatient.

### Ambulance services

Local ground or air ambulance transportation in connection with an emergency medical condition (limited benefit).

### Outpatient surgical and urgent care facility charges

Treatment or services in a state-approved freestanding surgical center or urgent care center that is not part of a hospital, a hospital outpatient surgery facility, or a surgical suite.

### Skilled nursing facility care

Facility fees and professional care by a RN or LPN who is not a member of the covered person's immediate family and authorized by a doctor. Care must be provided in lieu of acute hospitalization or within 14 days after discharge from a hospital after a confinement of at least 3 days. Not for custodial or convalescence care.

### Home rehabilitative care

Up to 40 visits from a home health care agency with up to four (4) consecutive hours in a 24-hour period are considered as one visit. Specific services are detailed in the Insurance Policy.

# Medical and Optional Prescription Drug Expense Highlights

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## Organ transplants

Transplants for heart; lung; kidney; nonalcoholic liver; a combination of organs; marrow reconstitution or support. Charges are applied toward the \$10,000 maximum transplant benefit.

## Hospice

Hospice care for a terminally ill person with a life expectancy of 6 months or less.

## Professional Services and Supplies

### Doctor's office visits

Treatment provided by a doctor in a doctor's office, a specialist's office, and an urgent care center. Preventive care exam listed above.

### Diagnostic testing

Diagnostic testing using radiology, ultrasonographic or laboratory services (psychometric, intelligence, behavioral and educational testing are not included). Diagnostic testing includes advanced studies such as MRI, CT, and PET.

### Durable medical equipment

Durable medical equipment for temporary or permanent use. We reserve the right to pay rental costs rather than the purchase price. Benefits do not include the cost of customization, repair, replacement, or maintenance (limited benefit).

### Radiation therapy and chemotherapy

Therapeutic treatment of benign and malignant conditions, including charges for x-rays, radium, radioactive isotopes, Chemotherapy Drugs, and supplies used in treatment.

### Physical therapy, occupational therapy and speech therapy

Up to 20 visits for physical, occupational and speech therapy for rehabilitation prescribed by a doctor who is not affiliated with a physical, occupational or speech therapy practice.

### Telemedicine

Telemedicine is the use of electronic information and communication technology to deliver healthcare services. Telemedicine benefits include telecommunications services provided in lieu of an office visit covered under the plan. Telemedicine does not include voicemail or webinar education, a facsimile machine, text messaging or electronic mail systems.

## Joint, neck and spine

Outpatient treatment of a joint, the neck, the spine or connective tissue including tendons, ligaments, and cartilage. This benefit does not include spinal manipulation, muscle stimulation, manipulative or ultrasound therapy or any other non-surgical treatment. Joint replacement is excluded unless related to an injury.

## Dental care for injuries

Dental treatment and dental surgery necessary to restore or replace sound natural teeth lost or damaged because of an injury.

## Autism spectrum disorder

Treatment of Autism Spectrum Disorder, including applied behavior analysis, pharmacy care; psychiatric care; psychological care; therapeutic care; and equipment determined necessary to provide evidence-based treatment. Applied behavior analysis has an annual limitation of \$50,000 or the overall maximum benefit, whichever is less, and is limited to children under 18 years of age.

## Optional outpatient prescription drugs

Federal Drug Administration (FDA) approved drugs obtainable only upon the written prescription of a doctor. Birth control is included. Self-injectables and specialty drugs are not included. (Please see Prescription Drug Exclusions and Limitations for details).

## Anesthesia coverage for dental procedures benefit

We will pay Eligible Expenses, as shown on the Schedule of Benefits, for general anesthesia in connection with dental procedures for children below the age of eight years, persons with serious mental or physical conditions, and persons with significant behavioral problems, where the provider treating the patient involved certifies that, because of the patient's age or condition or problem, general anesthesia is required in order to safely and effectively perform the procedures.

Benefit highlights are subject to plan provisions, exclusions, limitations, deductibles, copays and coinsurance apply. For complete details please see the insurance policy.

Loss caused by, contributed to or resulting from the following is excluded or otherwise limited as specified:  
A Pre-Existing Condition. Pre-Existing Condition means a disease or condition for which medical treatment, diagnosis, care or advice was recommended or received from a Doctor within the 24-month period immediately prior to the Covered Person's Effective Date; or any conditions that produced any symptoms which would have caused a reasonable person to seek diagnosis, care or treatment within the 24-month period immediately prior to the Covered Person's Effective Date. This exclusion does not apply to a child placed for adoption who is added to coverage.

Expenses which are not incurred by a Covered Person during his/her Coverage Period.

Expenses which exceed any limits or limitations specified in this Insurance Policy, including the Schedule of Benefits.

Expenses for services or supplies in excess of the Maximum Allowable Expense.

Expenses for services or supplies which are not administered by or under the supervision of a Doctor.

Marital counseling.

Any drug, treatment or procedure that either promotes or prevents conception (except for oral birth control medication) including but not limited to: artificial insemination, treatment for infertility or impotency, sterilization or reversal of sterilization.

Any drug, treatment or procedure that corrects impotency or non-organic sexual dysfunction.

Outpatient Prescription Drugs unless provided under a Rx optional benefit.

Vitamins and mineral or food supplements, including pre-natal vitamins, or any over-the-counter medicines, whether or not ordered by a Doctor.

Cosmetic Treatment, except for reconstructive surgery where expressly covered under the Insurance Policy.

Weight modification or surgical treatment of obesity.

Eye surgery, including LASIK, when the primary purpose is to correct nearsightedness, farsightedness or astigmatism.

Dental Expenses, except as necessary to restore or replace Sound Natural Teeth lost or damaged as a result of an Injury as provided in the Insurance Policy.

Routine pre-natal care, Pregnancy, child birth, and post-natal care. (This exclusion does not apply to "Complications of Pregnancy" as defined in the Insurance Policy.)

Routine physical exams or other services not needed for medical treatment, unless expressly provided in the Insurance Policy under preventive health.

Sclerotherapy for veins of the extremities.

Abortions, except in connection with covered Complications of Pregnancy or if the life of the expectant mother would be at risk.

Joint Replacements, unless related to an Injury that occurred while insured under the Insurance Policy.

Surgeries, treatments, services or supplies which are Experimental or Investigational Treatment.

Chronic fatigue or pain disorders.

End stage renal disease.

Treatment for cataracts.

Treatment of sleep disorders.

Treatment required as a result of complications or consequences of a treatment or condition not covered under the Insurance Policy.

Treatment incurred as a result of exposure to non-medical nuclear radiation and/or radioactive materials.

Treatment for acne, moles, skin tags, diseases of sebaceous glands, seborrhea, sebaceous cyst, unspecified disease of sebaceous glands, hypertrophic and atrophic conditions of skin, nevus.

Treatment for or related to any congenital condition, except as it relates to a newborn child, newborn adopted child or child placed for adoption added as a Covered as provided in the Insurance Policy.

Treatment, medication or hormones to stimulate growth, or treatment of learning disorders, disabilities, developmental delays or deficiencies, including therapy.

Biofeedback, acupuncture, recreational, sleep or MIST Therapy®, holistic care of any nature, massage and kinesitherapy.

Hypnotherapy when used to treat conditions that are not recognized as Mental Illness by the International Classification of Diseases Manual and the Diagnostic and Statistical Manual of Mental Disorders.

Eyeglasses, contact lenses, hearing aids, hearing implants, eye refraction, visual therapy, orthoptics, visual eye training and any examination or fitting related to these devices, and all vision and hearing tests and examinations unless expressly provided in the Insurance Policy.

Care, treatment or supplies for the feet, orthopedic shoes, orthopedic over-the-counter devices to be attached to or placed in shoes, treatment of weak, strained, flat, unstable or unbalanced feet, metatarsalgia or bunions and treatment of corns, calluses or toenails.

Care and treatment for hair loss including wigs, hair transplants or any drug that promises hair growth, whether or not prescribed by a Doctor.

Exercise programs, whether or not prescribed or recommended by a Doctor.

Failure to keep a scheduled appointment.

Expenses for transportation, travel or accommodations, except as expressly provided in the Insurance Policy.

All charges incurred while Confined primarily to receive Custodial or Convalescent Care.

Any services or supplies in connection with cigarette smoking cessation.

Any services performed or supplies provided by a member of a Covered Person's Immediate Family.

Services received for any condition caused by a Covered Person's commission of or attempt to commit a felony or to which a contributing cause was the Covered Person being engaged in an illegal occupation.

Treatment care services or supplies which are not included in the Insurance Policy.

Suicide or Intentionally self-inflicted Injury or Sickness.

Expenses resulting from a declared or undeclared war, or from voluntary participation in a riot or insurrection.

Expenses incurred by a Covered Person while on active duty in the armed forces. Upon written notice to Us of entry into such active duty, the unused premium will be returned to the Insured on a pro-rated basis.

Expenses a Covered Person is not required to pay, or which would not have been billed, if no insurance existed.

Expenses which are eligible for payment by Medicare or any other government program except Medicaid, or Medical coverage under any automobile no-fault insurance.

Costs for care in government institutions unless You or Your Covered Dependent are obligated to pay for such care.

Expenses related to Injury or Sickness arising out of or in the course of any occupation for compensation, wage or profit, if the Covered Person is insured, by occupational disease or workers' compensation insurance pursuant to applicable state or federal law, whether application for such benefits have been made.

Provider Sales Tax or Gross Receipt Tax, Provider administrative expenses including but not limited to charges for claim filing, contacting utilization review organizations or case management fees.

Treatment or Injury resulting from being intoxicated or under the influence of or due wholly or partly to the effects of alcohol or drugs, other than drugs taken in accordance with treatment prescribed by a Doctor. Intoxicated means the blood-alcohol content meets or exceeds the legal presumption of intoxication under the law in the state where the Injury took place.

Manipulative Services including spinal manipulation, manual or electrical muscle stimulation, other manipulative or ultrasound therapy and any other non-surgical treatment of the spine.

Genetic Testing or counseling, including, but not limited to, amniocentesis and chronic villi testing.

Attention Deficit Disorder or Attention Deficit Hyperactivity Disorder.

Expenses to the extent that they are paid or payable under another insurance or medical prepayment plan.

Cancer screenings unless expressly provided in the Insurance Policy.

Blood lead level screening.

Participating in hazardous occupations or other activity including participating, instructing, demonstrating, guiding or accompanying others in the following: operation of a flight in an aircraft other than a regularly scheduled flight by a commercial airline, professional or semi-professional sports, extreme sports, parachute jumping, hot-air ballooning, hang-gliding, base jumping, bungee jumping, scuba diving, sail gliding, parasailing, Para kiting, rock or mountain climbing, cave exploration, parkour, racing including stunt show or speed test of any motorized or non-motorized vehicle, rodeo activities, or similar hazardous activities.

Medical treatment of musculoskeletal disorders affecting any bone or joint of the face, neck or head, including temporomandibular joint disorder and craniomandibular joint disorder.

Mental Illness and Substance Use Disorders.

## **The Outpatient Prescription Drug Benefit does not include the following:**

Over-the-counter drugs and products except for FDA approved contraceptive drugs, devices and products;

Fertility agents or drugs for sexual dysfunction (including erectile dysfunction);

Vitamins;

Hair loss medications, e.g. Rogaine, Minoxidil;

Immunization agents, except as expressly provided in the Insurance Policy.

Biological sera, blood or blood plasma;

Experimental or Investigational Drugs;

Any charge for administration of injectable insulin;

Anorectic drugs for weight control;

Medication taken, prescribed or administered while an In-Patient at a Hospital, rest home, sanitarium, Skilled Nursing Facility, convalescent hospital, nursing home or similar institution which operates a facility for dispensing pharmaceuticals;

Therapeutic devices or appliances, support garments and other non-medicinal substances regardless of intended use;

Homeopathic medications;

Any drugs purchased outside the United States of America;

Medications for complexion or acne if the Covered Person is over 30 years of age;

Drugs for specific types of tumors that have shown to have beneficial effect, but are awaiting FDA approval;

Procedures to implant and remove internally implanted time-release contraceptives (implants) and intrauterine devices (IUDs);

All Specialty Drugs; and

Abortifacients.

## Waiting Period

No benefits are payable for sicknesses which arise during the first 3 days following an insured person's coverage effective date. After the waiting period has expired, the condition will be subject to all the terms of the certificate, just like any other condition.

There is a 3-month Waiting Period for certain conditions. Expenses incurred by a Covered Person for treatment of:

- a. Cataract operations.
- b. Strabismus operations.
- c. Tonsilectomies.
- d. Adenoidectomies.
- e. Herniotomies.
- f. Arthrotomies.
- g. Hemorrhoidectomies.
- h. Laminectomies.
- i. Varicose veins.

will not be payable during the Covered Person's first 3 months of coverage under the Policy. This exclusion will not apply if the treatment is provided on an emergency basis. After the 3-month period, the condition will be subject to all the terms of the Policy, just like any other condition, including the Pre-Existing Conditions Exclusion.

There is a 30 day Waiting Period for a Preventive Examination. Expenses incurred by a Covered Person for a Preventive Examination will not be payable during the Covered Person's first 30 days of coverage under the Policy.

## Pre-Notification on Epic Base plans

Emergency hospital admissions should be reported within 48 hours or by the next regular working day following admission (72 hours in some states).

## Pre-notification applies to the following:

In-Patient Hospitalizations and other In-Patient care.

In-Patient surgeries and surgical procedures.

Outpatient surgery and procedures.

Home health, physical, speech and occupational therapies.

Durable Medical Equipment.

Outpatient IV infusion therapy and radiation therapy.

Organ Transplants or Marrow Reconstitution.

Growth Hormones.

Immunosuppressants.

AZT, Retrovir, Zidovudine or any HIV antiretroviral medication.

"Off Label" use, Orphan Drugs and Investigational New Drug (IND).

Drugs for specific types of tumors that have shown to have beneficial effect, but are awaiting FDA approval.

Refer to your Certificate for complete details.

# Policy Provisions and Company Information

## Free Look Period

If you are not satisfied with your North River Insurance Company Policy, provide a written request for cancellation to North River within 10 days of receipt. The Insurance Policy will be cancelled as of the effective date and your premium and application fee will be returned.

## Eligibility

North River Insurance Company plans are made available to applicants, and their spouses, and dependent children between the ages of 6 months and 64 and 11 months of age who can answer “No” to all of the questions in the application for insurance.

## \*Termination of Coverage

North River Insurance Company will automatically terminate primary and dependent coverage on the earliest of the following dates: The first day of the month in which the Insured or spouse reaches the age of 65 or becomes eligible for Medicare; The last day for which the Insured's or dependent's premium has been paid, subject to the grace period; The date the Insured asks Us to end his or her coverage in writing; The date the Insured dies; The end of the Coverage Period; The date the Insured or a dependent reaches the Overall Maximum Benefit shown on the Schedule of Benefits; The date the Insured or the dependent enters the armed forces; The date a Dependent attains the limiting age of 26 or a dependent's marriage; The first date following a Spouse's divorce. (See Insurance Policy for extension of limiting age and for details).

## About The North River Insurance Company

This insurance is underwritten by The North River Insurance Company, 5 Christopher Way, 2nd Floor, Eatontown, NJ 07724. C&F and Crum & Forster are registered trademarks of The North River Insurance Company. The Crum & Forster group of companies is rated A (Excellent) by AM Best Company 2019.

## Individual Plan Underwritten by The North River Insurance Company

For people selecting an individual plan underwritten by The North River Insurance Company, non-insurance Telemedicine and other important benefits described below are provided by Pivot Health. Non-insurance Benefits and Services are not provided by or affiliated with The North River Insurance Company.

## Non-Insurance Benefits

- ✓ Free and unlimited telemedicine doctor consultations 24/7 - Including dermatology consultations
- ✓ Discounts on hearing and audiology
- ✓ Discounts on durable medical equipment
- ✓ Access to health liaisons who advocate for members

THIS PLAN IS AN INDIVIDUAL SHORT TERM MEDICAL INSURANCE POLICY. BENEFITS PROVIDED ARE LIMITED AND ARE NOT INTENDED TO COVER ALL MEDICAL EXPENSES.

This is a brief description of coverage provided under the Insurance Policy and is subject to the terms, conditions, limitations and exclusions of the Insurance Policy. Please see the Insurance Policy for complete details. Coverage may vary or may not be available in all states. Plans are underwritten by The North River Insurance Company, Eatontown, NJ. The insurance described in this document provides limited benefits. Limited benefit plans are insurance products with reduced benefits intended to help supplement comprehensive health insurance plans. The insurance coverage is not an alternative to comprehensive coverage. It does not provide major medical or comprehensive medical coverage and is not designed to replace major medical insurance. Further, the insurance coverage is not minimum essential benefits as set forth under the Patient Protection and Affordable Care Act.