

## Pivot Health / STM Eligible Dependent & Re-apply Rules & State Mandate Summary

### Applies to Classic, Core, BTM

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

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State Mandate	Review Source for Details	Details	Deductible Applies	Co-Pay, Coinsurance Applies
<b>Serious Mental Illness</b>	Situs Amendment	<ul style="list-style-type: none"> <li>Anorexia nervosa / Bulimia nervosa / Bipolar disorder / Delusional disorder / Major depressive disorder / Obsessive-compulsive disorder / Panic disorder / Schizo-affective disorder / Schizophrenia</li> <li>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</li> <li>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</li> </ul>	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
<b>Dependent Eligibility Rules</b>	Certificate or Endorsement	<ul style="list-style-type: none"> <li>“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.</li> </ul>	n/a	n/a
<b>Reapply Question</b>	Plan Availability Chart	<ul style="list-style-type: none"> <li>n/a</li> </ul>	n/a	n/a
<b>Inherited Metabolic Disorders</b>	Issue Instructions & Certificate	<ul style="list-style-type: none"> <li>50% of medical food cost limited to \$5,000</li> </ul>	YES	YES
<b>Lead Poisoning Screening for Children</b>	Situs Amendment	<ul style="list-style-type: none"> <li>When not considered experimental or investigational. Baseline lead test at approximate age of 12 months</li> <li>Screening &amp; diagnostic evaluations under age of 6 if at high risk for lead poisoning based on guidelines and criteria from Division of Public Health</li> </ul>	YES	YES
<b>Mammography</b>	Issue Instructions & Certificate	<ul style="list-style-type: none"> <li>Baseline ages 35-39</li> <li>Every two years from ages 40-49</li> <li>Annually for age 50 and over</li> </ul>	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"> <li>Coverage will be provided for a CA-125 monitoring of ovarian cancer, subsequent to treatment</li> </ul>	YES	YES
Pap Smears	Situs Amendment	<ul style="list-style-type: none"> <li>Applies to all females aged 18 and over</li> <li>Annual benefit for one cervical &amp; endometrial cancer screening (pap smear)</li> </ul>	YES	YES
Serious Mental Illness	Situs Amendment	<ul style="list-style-type: none"> <li>Anorexia nervosa / Bulimia nervosa / Bipolar disorder / Delusional disorder / Major depressive disorder / Obsessive-compulsive disorder / Panic disorder / Schizo-affective disorder / Schizophrenia</li> <li>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</li> <li>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</li> </ul>	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
<b>Dependent Eligibility Rules</b>	Certificate or Endorsement	<ul style="list-style-type: none"> <li>“Eligible Dependent” means: a. the Insured’s lawful spouse; and b. the Insured’s unmarried children who are less than age 26.</li> <li>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.</li> <li>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.</li> <li>Dependent children (other than those for whom coverage has been court-ordered) must be primarily dependent on the Insured for principal support and maintenance.</li> </ul>	n/a	n/a
<b>Reapply Question</b>	Plan Availability Chart	<ul style="list-style-type: none"> <li>n/a</li> </ul>	n/a	n/a
<b>Autism Spectrum Disorders</b>	Issue Instructions & Certificate	<ul style="list-style-type: none"> <li>To age 18</li> <li>Up to \$50,000 per year</li> </ul>	YES	YES
<b>Cancer Drugs</b>	Issue Instructions & Certificate	<ul style="list-style-type: none"> <li>Applies to OP Rx Rider</li> <li>Off-label drugs for treatment of cancer</li> <li>Copayments for orally administered anticancer meds must be the same as copayments for injected or intravenously administered anticancer meds.</li> </ul>	YES	YES
<b>Child Preventive Care</b>	Issue Instructions & Certificate	<ul style="list-style-type: none"> <li>Periodic visits from birth to age 18</li> <li>No dollar limit</li> </ul>	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"> <li>Over 50</li> <li>Under 50 is at high risk</li> <li>Experiencing certain symptoms</li> </ul>	YES	YES
Contraceptives	Issue Instructions & Certificate	<ul style="list-style-type: none"> <li>Applies to OP Rx Rider</li> <li>Must cover but no abortifacient drugs</li> </ul>	YES	YES
Craniofacial Anomaly	Issue Instructions & Certificate	<ul style="list-style-type: none"> <li>Treatment/surgery</li> </ul>	YES	YES
Dental Anesthesia	Issue Instructions & Certificate	<ul style="list-style-type: none"> <li>Anesthesia, hospital or ambulatory surgical facility services in connection with dental procedures for certain persons</li> <li>Child under 7 with complex dental condition</li> <li>Person with serious mental or physical condition or significant behavioral problem</li> <li></li> </ul>	YES	YES
Diabetic Supplies & Education	Issue Instructions & Certificate	<ul style="list-style-type: none"> <li>Medically necessary equipment, supplies, and services for the treatment of Type I, Type II, and gestational diabetes</li> <li>1 per lifetime self-management training</li> </ul>	YES	YES
Gastric Pacemakers	Issue Instructions & Certificate	<ul style="list-style-type: none"> <li>For persons with gastroparesis</li> </ul>	YES	YES
Lead Poisoning Screening for Children	Situs Amendment	<ul style="list-style-type: none"> <li>When not considered experimental or investigational. Baseline lead test at approximate age of 12 months</li> <li>Screening &amp; diagnostic evaluations under age of 6 if at high risk for lead poisoning based on guidelines and criteria from Division of Public Health</li> </ul>	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"> <li>Does not include hearing devices</li> </ul>	YES	YES
Mastectomy Inpatient Coverage	Issue Instructions & Certificate	<ul style="list-style-type: none"> <li>48 hours inpatient coverage after mastectomy unless doctor discharges</li> </ul>	YES	YES
Mental / Nervous Disorders	Issue Instructions & Certificate	<ul style="list-style-type: none"> <li>Same as any other sickness</li> </ul>	YES	YES
Orthotic and Prosthetic Devices	Issue Instructions & Certificate	<ul style="list-style-type: none"> <li>At no less than 80% Medicare allowable</li> </ul>	YES	YES
Ovarian Cancer Monitoring	Situs Amendment	<ul style="list-style-type: none"> <li>Coverage will be provided for a CA-125 monitoring of ovarian cancer, subsequent to treatment</li> </ul>	YES	YES
Pap Smears	Situs Amendment	<ul style="list-style-type: none"> <li>Applies to all females aged 18 and over.</li> <li>Annual benefit for one cervical &amp; endometrial cancer screening (pap smear)</li> </ul>	YES	YES
PKU / Medical Food Products	Issue Instructions & Certificate	<ul style="list-style-type: none"> <li>Special dietary products and formulas prescribed for the therapeutic treatment of phenylketonuria, galactosemia, organic acidemias, and disorders of amino acid metabolism</li> </ul>	YES	YES
Prostate Cancer Screening	Issue Instructions & Certificate	<ul style="list-style-type: none"> <li>Deductible does not apply</li> </ul>	NO	YES

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

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Serious Mental Illness	Situs Amendment	<ul style="list-style-type: none"> <li>Anorexia nervosa / Bulimia nervosa / Bipolar disorder / Delusional disorder / Major depressive disorder / Obsessive-compulsive disorder / Panic disorder / Schizo-affective disorder / Schizophrenia</li> <li>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</li> <li>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</li> </ul>	YES	YES
Telemedicine	Issue Instructions & Certificate	<ul style="list-style-type: none"> <li>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.</li> </ul>	YES	YES

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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
<b>Dependent Eligibility Rules</b>	Certificate or Endorsement	<ul style="list-style-type: none"> <li>“Eligible Dependent” means: a. the Insured’s lawful spouse; and b. the Insured’s children who are less than age 26.</li> <li>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.</li> </ul>	n/a	n/a
<b>Reapply Question</b>	Plan Availability Chart	<ul style="list-style-type: none"> <li>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?</li> <li>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.</li> </ul>	n/a	n/a
<b>Lead Poisoning Screening for Children</b>	Issue Instructions & Certificate	<ul style="list-style-type: none"> <li>When not considered experimental or investigational. Baseline lead test at approximate age of 12 months</li> <li>Screening &amp; diagnostic evaluations under age of 6 if at high risk for lead poisoning based on guidelines and criteria from Division of Public Health</li> </ul>	YES	YES
<b>Ovarian Cancer Monitoring</b>	Issue Instructions & Certificate	<ul style="list-style-type: none"> <li>Coverage will be provided for a CA-125 monitoring of ovarian cancer, subsequent to treatment</li> </ul>	YES	YES
<b>Pap Smears</b>	Issue Instructions & Certificate	<ul style="list-style-type: none"> <li>Applies to all females aged 18 and over</li> <li>Annual benefit for one cervical &amp; endometrial cancer screening (pap smear)</li> </ul>	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"> <li>Anorexia nervosa / Bulimia nervosa / Bipolar disorder / Delusional disorder / Major depressive disorder / Obsessive-compulsive disorder / Panic disorder / Schizo-affective disorder / Schizophrenia</li> <li>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</li> <li>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</li> </ul>	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
<b>Dependent Eligibility Rules</b>	Certificate or Endorsement	<ul style="list-style-type: none"> <li>“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.</li> <li>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.</li> <li>Dependent children (other than those for whom coverage has been court-ordered) must be primarily dependent on the Insured for principal support and maintenance.</li> </ul>	n/a	n/a
<b>Reapply Question</b>	Plan Availability Chart	<ul style="list-style-type: none"> <li>n/a</li> </ul>	n/a	n/a
<b>Alcoholism, Substance Abuse., Mental &amp; Nervous Disorder</b>	Issue Instructions & Certificate	<ul style="list-style-type: none"> <li>Payable at the same rate as for other Sickness, subject to limitations</li> <li>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</li> <li>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</li> <li>Benefits for mental illness limited to a lifetime max equal to 1/3 of policy maximum</li> </ul>	YES	YES
<b>Colorectal Cancer Screening</b>	Issue Instructions & Certificate	<ul style="list-style-type: none"> <li>Colorectal cancer screenings for Covered Persons in compliance with American Cancer Society colorectal cancer screening guidelines</li> </ul>	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"> <li>When not considered experimental or investigational. Baseline lead test at approximate age of 12 months</li> <li>Screening &amp; diagnostic evaluations under age of 6 if at high risk for lead poisoning based on guidelines and criteria from Division of Public Health</li> </ul>	YES	YES
Ovarian Cancer Monitoring	Situs Amendment	<ul style="list-style-type: none"> <li>Coverage will be provided for a CA-125 monitoring of ovarian cancer, subsequent to treatment</li> </ul>	YES	YES
Pap Smears	Situs Amendment	<ul style="list-style-type: none"> <li>Applies to all females aged 18 and over</li> <li>Annual benefit for one cervical &amp; endometrial cancer screening (pap smear)</li> </ul>	YES	YES
Serious Mental Illness	Situs Amendment	<ul style="list-style-type: none"> <li>Anorexia nervosa / Bulimia nervosa / Bipolar disorder / Delusional disorder / Major depressive disorder / Obsessive-compulsive disorder / Panic disorder / Schizo-affective disorder / Schizophrenia</li> <li>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</li> <li>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</li> </ul>	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
<b>Dependent Eligibility Rules</b>	Certificate or Endorsement	<ul style="list-style-type: none"> <li>“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.</li> </ul>	n/a	n/a
<b>Reapply Question</b>	Plan Availability Chart	<ul style="list-style-type: none"> <li>n/a</li> </ul>	n/a	n/a
<b>AIDS, ARC or Related Immunodeficiency Disorders</b>	Issue Instructions & Certificate	<ul style="list-style-type: none"> <li>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</li> </ul>	YES	YES
<b>Breast Cancer Follow-Up Care</b>	Issue Instructions & Certificate	<ul style="list-style-type: none"> <li>Follow-up care to see if breast cancer has returned cannot be considered a pre-ex condition</li> </ul>	YES	YES
<b>Cleft Lip /Palate</b>	Issue Instructions & Certificate	<ul style="list-style-type: none"> <li>Child under age 18</li> <li>Medical, dental, speech therapy, audiology and nutrition services</li> </ul>	YES	YES
<b>Dental Anesthesia</b>	Issue Instructions & Certificate	<ul style="list-style-type: none"> <li>Child under 8 who have developmental disability</li> <li>Any person with significant medical risk</li> </ul>	YES	YES

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

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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"> <li>• Birth to age 16</li> <li>• History, physical, development assessment, anticipatory guidance, immunizations, lab tests</li> </ul>	NO	YES
Serious Mental Illness	Situs Amendment	<ul style="list-style-type: none"> <li>• Anorexia nervosa / Bulimia nervosa / Bipolar disorder / Delusional disorder / Major depressive disorder / Obsessive-compulsive disorder / Panic disorder / Schizo-affective disorder / Schizophrenia</li> <li>• 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</li> <li>• 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</li> </ul>	YES	YES
TMJ	Issue Instructions & Certificate	<ul style="list-style-type: none"> <li>• Cannot exclude</li> </ul>	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
<b>Dependent Eligibility Rules</b>	Certificate or Endorsement	<ul style="list-style-type: none"> <li>“Eligible Dependent” means: a. the Insured’s lawful spouse; and b. the Insured’s unmarried children who are less than age 26.</li> <li>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.</li> </ul>	n/a	n/a
<b>Reapply Question</b>	Plan Availability Chart	<ul style="list-style-type: none"> <li>n/a</li> </ul>	n/a	n/a
<b>AIDS, ARC or Related Disorders</b>	Issue Instructions & Endorsement	<ul style="list-style-type: none"> <li>Cannot exclude AIDS, ARC or related disorders</li> </ul>	YES	YES
<b>Child Wellness</b>	Issue Instructions & Certificate	<ul style="list-style-type: none"> <li>Birth to age 6</li> <li>Medical history, height, weight &amp; head circumference, blood pressure testing, sensory screening including vision &amp; hearing, hereditary &amp; metabolic screening, developmental &amp; behavioral assessment, immunization, TB test, hematocrit or hemoglobin, urinalysis, anticipatory guidance</li> </ul>	YES	YES
<b>Chlamydia Testing</b>	Issue Instructions & Certificate	<ul style="list-style-type: none"> <li>Annual for females under age 30</li> </ul>	YES	YES
<b>Cancer Clinical Trials for Children</b>	Issue Instructions & Certificate	<ul style="list-style-type: none"> <li>Children under 19, enrolled in an approved trial, not getting payment from 3<sup>rd</sup> party payer</li> </ul>	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"> <li>Cannot exclude on grounds the drug not approved by FDA for the particular indication under specific circumstances</li> </ul>	YES	YES
Lead Poisoning Screening for Children	Situs Amendment	<ul style="list-style-type: none"> <li>When not considered experimental or investigational. Baseline lead test at approximate age of 12 months</li> <li>Screening &amp; diagnostic evaluations under age of 6 if at high risk for lead poisoning based on guidelines and criteria from Division of Public Health</li> </ul>	YES	YES
Mammography	Issue Instructions & Certificate	<ul style="list-style-type: none"> <li>One baseline for woman 35-40</li> <li>One every 2 years for woman 40-50</li> <li>Annually for woman age 50+</li> <li>As ordered for woman with personal or family history or has not given birth prior to age 30</li> </ul>	YES	YES
Mastectomy / Lymph Node Dissection	Issue Instructions & Certificate	<ul style="list-style-type: none"> <li>Includes follow-up visits in person's home if necessary if mastectomy or lymph node dissection procedures covered</li> </ul>	YES	YES
Ovarian Cancer Monitoring	Situs Amendment	<ul style="list-style-type: none"> <li>Coverage will be provided for a CA-125 monitoring of ovarian cancer, subsequent to treatment</li> </ul>	YES	YES
Pap Smears	Situs Amendment Issue Instructions & Certificate	<ul style="list-style-type: none"> <li>Applies to all females aged 18 and over.</li> <li>Annual benefit for one cervical &amp; endometrial cancer screening (pap smear)</li> <li>More often if required by doctor</li> </ul>	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"> <li>Anorexia nervosa / Bulimia nervosa / Bipolar disorder / Delusional disorder / Major depressive disorder / Obsessive-compulsive disorder / Panic disorder / Schizoaffective disorder / Schizophrenia</li> <li>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</li> <li>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</li> </ul>	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
<b>Dependent Eligibility Rules</b>	Policy	<ul style="list-style-type: none"> <li>“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</li> <li>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.</li> </ul>	n/a	n/a
<b>Reapply Question</b>	Plan Availability Chart	<ul style="list-style-type: none"> <li>Has any person applying for coverage been covered under a nonrenewable Short Term Medical policy during the past 60 days?</li> <li>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.</li> </ul>	n/a	n/a
<b>Congenital Anomalies of Covered Dependent Child</b>	Issue Instructions & Policy	<ul style="list-style-type: none"> <li>Not considered pre-existing</li> </ul>	YES	YES
<b>Mammography</b>	Issue Instructions & Policy	<ul style="list-style-type: none"> <li>One baseline mammogram for woman aged 35-39</li> <li>One Mammogram every 2 years for woman aged 40-49, or more often if recommended by physician</li> <li>Annual mammogram for woman 50+ years of age</li> <li>A mammogram for any woman desiring a mammogram with a medical cause</li> </ul>	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
<b>Dependent Eligibility Rules</b>	Certificate or Endorsement	<ul style="list-style-type: none"> <li>“Eligible Dependent” means: a. the Insured’s lawful spouse; and b. the Insured’s unmarried children who are less than age 26.</li> <li>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.</li> </ul>	n/a	n/a
<b>Reapply Question</b>	Plan Availability Chart	<ul style="list-style-type: none"> <li>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?</li> <li>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.</li> </ul>	n/a	n/a
<b>Colorectal Cancer Screenings</b>	Issue Instructions & Certificate	<ul style="list-style-type: none"> <li>Colorectal cancer examinations &amp; lab tests</li> </ul>	YES	YES
<b>Diabetes Supplies &amp; Testing</b>	Issue Instructions & Certificate	<ul style="list-style-type: none"> <li>Outpatient self-management training &amp; education, equipment &amp; supplies for treatment of type 1 diabetes, type 2 diabetes and gestational diabetes mellitus</li> </ul>	YES	YES
<b>Lead Poisoning Screening for Children</b>	Situs Amendment	<ul style="list-style-type: none"> <li>When not considered experimental or investigational. Baseline lead test at approximate age of 12 months</li> <li>Screening &amp; diagnostic evaluations under age of 6 if at high risk for lead poisoning based on guidelines and criteria from Division of Public Health</li> </ul>	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"> <li>One baseline for covered person age 35-39</li> <li>Annual for covered person age 40 +</li> <li>At the age and intervals considered medically necessary for covered person under age 40</li> </ul>	YES	YES
Osteoporosis	Issue Instructions & Certificate	<ul style="list-style-type: none"> <li>Bone mass measurement and diagnosis and treatment of osteoporosis</li> </ul>	YES	YES
Ovarian Cancer Monitoring	Situs Amendment Issue Instructions & Certificate	<ul style="list-style-type: none"> <li>Provided for a CA-125 monitoring of ovarian cancer, subsequent to treatment</li> <li>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</li> </ul>	YES	YES
Pap Smears	Situs Amendment Issue Instructions	<ul style="list-style-type: none"> <li>Applies to all females aged 18 and over</li> <li>Annual benefit for one cervical &amp; endometrial cancer screening (pap smear)</li> </ul>	YES	YES
Prostate Exams	Issue Instructions & Certificate	<ul style="list-style-type: none"> <li>Annual digital rectal exam &amp; 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</li> </ul>	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
Serious Mental Illness	Situs Amendment Issue Instructions & Certificate	<ul style="list-style-type: none"> <li>Coverage is same as any other illness</li> <li>(Situs Amendment) Anorexia nervosa / Bulimia nervosa / Bipolar disorder / Delusional disorder / Major depressive disorder / Obsessive-compulsive disorder / Panic disorder / Schizo-affective disorder / Schizophrenia</li> <li>(Certificate) Schizophrenia, paranoid &amp; other psychotic disorders, bipolar disorders, major depressive disorders, schizoaffective disorders, pervasive developmental disorders, obsessive-compulsive disorders, depression in childhood &amp; adolescence; and panic disorder</li> <li>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</li> <li>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</li> </ul>	YES	YES

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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
<b>Dependent Eligibility Rules</b>	Certificate or Endorsement	<ul style="list-style-type: none"> <li>“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.</li> </ul>	n/a	n/a
<b>Reapply Question</b>	Plan Availability Chart	<ul style="list-style-type: none"> <li>n/a</li> </ul>	n/a	n/a
<b>Lead Poisoning Screening for Children</b>	Situs Amendment	<ul style="list-style-type: none"> <li>When not considered experimental or investigational. Baseline lead test at approximate age of 12 months</li> <li>Screening &amp; diagnostic evaluations under age of 6 if at high risk for lead poisoning based on guidelines and criteria from Division of Public Health</li> </ul>	YES	YES
<b>Newborns</b>	Issue Instructions & Certificate	<ul style="list-style-type: none"> <li>Routine nursery care</li> <li>Cleft lip / palate (including orthodontic and oral surgery treatment)</li> </ul>	YES	YES
<b>Ovarian Cancer Monitoring</b>	Situs Amendment	<ul style="list-style-type: none"> <li>Coverage will be provided for a CA-125 monitoring of ovarian cancer, subsequent to treatment</li> </ul>	YES	YES
<b>Pap Smears</b>	Situs Amendment	<ul style="list-style-type: none"> <li>Applies to all females aged 18 and over</li> <li>Annual benefit for one cervical &amp; endometrial cancer screening (pap smear)</li> </ul>	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"> <li>Anorexia nervosa / Bulimia nervosa / Bipolar disorder / Delusional disorder / Major depressive disorder / Obsessive-compulsive disorder / Panic disorder / Schizo-affective disorder / Schizophrenia</li> <li>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</li> <li>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</li> </ul>	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
<b>Dependent Eligibility Rules</b>	Certificate or Endorsement	<ul style="list-style-type: none"> <li>“Eligible Dependent” means: a. the Insured’s lawful spouse; and b. the Insured’s unmarried children who are less than age 26.</li> <li>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.</li> <li>Dependent children (other than those for whom coverage has been court-ordered) must be primarily dependent on the Insured for principal support and maintenance.</li> </ul>	n/a	n/a
<b>Reapply Question</b>	Plan Availability Chart	<ul style="list-style-type: none"> <li>n/a</li> </ul>	n/a	n/a
<b>Lead Poisoning Screening for Children</b>	Situs Amendment	<ul style="list-style-type: none"> <li>When not considered experimental or investigational. Baseline lead test at approximate age of 12 months</li> <li>Screening &amp; diagnostic evaluations under age of 6 if at high risk for lead poisoning based on guidelines and criteria from Division of Public Health</li> </ul>	YES	YES
<b>Mammography</b>	Issue Instructions & Certificate	<ul style="list-style-type: none"> <li>One baseline mammogram for covered person age 35-39</li> <li>One mammogram for covered person every 2 years for age 40-49</li> <li>Annually for covered person age 50+</li> <li>More frequently if recommended by doctor</li> </ul>	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"> <li>Coverage will be provided for a CA-125 monitoring of ovarian cancer, subsequent to treatment</li> </ul>	YES	YES
Pap Smears	Situs Amendment	<ul style="list-style-type: none"> <li>Applies to all females aged 18 and over</li> <li>Annual benefit for one cervical &amp; endometrial cancer screening (pap smear)</li> </ul>	YES	YES
Serious Mental Illness	Situs Amendment	<ul style="list-style-type: none"> <li>Anorexia nervosa / Bulimia nervosa / Bipolar disorder / Delusional disorder / Major depressive disorder / Obsessive-compulsive disorder / Panic disorder / Schizo-affective disorder / Schizophrenia</li> <li>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</li> <li>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</li> </ul>	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
<b>Dependent Eligibility Rules</b>	Certificate or Endorsement	<ul style="list-style-type: none"> <li>“Eligible Dependent” means: a. the Insured’s lawful spouse; and b. the Insured’s unmarried children who are less than age 26.</li> <li>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.</li> </ul>	n/a	n/a
<b>Reapply Question</b>	Plan Availability Chart	<ul style="list-style-type: none"> <li>n/a</li> </ul>	n/a	n/a
<b>Lead Poisoning Screening for Children</b>	Situs Amendment	<ul style="list-style-type: none"> <li>When not considered experimental or investigational. Baseline lead test at approximate age of 12 months</li> <li>Screening &amp; diagnostic evaluations under age of 6 if at high risk for lead poisoning based on guidelines and criteria from Division of Public Health</li> </ul>	YES	YES
<b>Mammogram</b>	Issue Instruction & Certificate	<ul style="list-style-type: none"> <li>One screening mammogram to persons age 35-39</li> <li>One mammogram every 2 years for person age 40-49</li> <li>Annual mammogram for person 50+</li> </ul>	YES	YES
<b>Non-Medical Nuclear Radiation</b>	Issue Instructions & Certificate	<ul style="list-style-type: none"> <li>Cannot exclude</li> </ul>	YES	YES
<b>Ovarian Cancer Monitoring</b>	Situs Amendment	<ul style="list-style-type: none"> <li>Coverage will be provided for a CA-125 monitoring of ovarian cancer, subsequent to treatment</li> </ul>	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"> <li>Cannot exclude</li> </ul>	YES	YES
Pap Smears	Situs Amendment	<ul style="list-style-type: none"> <li>Applies to all females aged 18 and over</li> <li>Annual benefit for one cervical &amp; endometrial cancer screening (pap smear)</li> </ul>	YES	YES
Related Immunodeficiency Disorders	Issue Instructions & Certificate	<ul style="list-style-type: none"> <li>Cannot exclude</li> </ul>	YES	YES
Serious Mental Illness	Situs Amendment	<ul style="list-style-type: none"> <li>Anorexia nervosa / Bulimia nervosa / Bipolar disorder / Delusional disorder / Major depressive disorder / Obsessive-compulsive disorder / Panic disorder / Schizo-affective disorder / Schizophrenia</li> <li>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</li> <li>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</li> </ul>	YES	YES
TMJ	Issue Instructions & Certificate	<ul style="list-style-type: none"> <li>Cannot exclude</li> </ul>	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
<b>Dependent Eligibility Rules</b>	Certificate or Endorsement	<ul style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>Dependent children (other than those for whom coverage has been court-ordered) must be primarily dependent on the Insured for principal support and maintenance.</li> </ul>	n/a	n/a
<b>Reapply Question</b>	Plan Availability Chart	<ul style="list-style-type: none"> <li>n/a</li> </ul>	n/a	n/a
<b>Chiropractic Care</b>	Issue Instructions & Certificate	<ul style="list-style-type: none"> <li>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: <u>(except chiropractor care)</u>.</li> </ul>	YES	YES
<b>Lead Poisoning Screening for Children</b>	Situs Amendment	<ul style="list-style-type: none"> <li>When not considered experimental or investigational. Baseline lead test at approximate age of 12 months</li> <li>Screening &amp; diagnostic evaluations under age of 6 if at high risk for lead poisoning based on guidelines and criteria from Division of Public Health</li> </ul>	YES	YES

LOUISIANA / PAGE 1 of 2 (Last Updated 5/17/2018)

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Ovarian Cancer Monitoring	Situs Amendment	<ul style="list-style-type: none"> <li>Coverage will be provided for a CA-125 monitoring of ovarian cancer, subsequent to treatment</li> </ul>	YES	YES
Pap Smears	Situs Amendment	<ul style="list-style-type: none"> <li>Applies to all females aged 18 and over</li> <li>Annual benefit for one cervical &amp; endometrial cancer screening (pap smear)</li> </ul>	YES	YES
Serious Mental Illness	Situs Amendment	<ul style="list-style-type: none"> <li>Anorexia nervosa / Bulimia nervosa / Bipolar disorder / Delusional disorder / Major depressive disorder / Obsessive-compulsive disorder / Panic disorder / Schizo-affective disorder / Schizophrenia</li> <li>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</li> <li>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</li> </ul>	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
<b>Dependent Eligibility Rules</b>	Certificate or Endorsement	<ul style="list-style-type: none"> <li>“Eligible Dependent” means: a. the Insured’s lawful spouse; and b. the Insured’s unmarried children who are less than age 26.</li> <li>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.</li> </ul>	n/a	n/a
<b>Reapply Question</b>	Plan Availability Chart	<ul style="list-style-type: none"> <li>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?</li> <li>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.</li> </ul>	n/a	n/a
<b>Diabetes Equipment, Supplies &amp; Education</b>	Issue Instructions & Certificate	<ul style="list-style-type: none"> <li>Equipment, supplies &amp; educational training</li> <li>Applies to Gestational diabetes, Insulin-dependent diabetes, non-insulin dependent diabetes</li> </ul>	YES	YES
<b>Lead Poisoning Screening for Children</b>	Situs Amendment	<ul style="list-style-type: none"> <li>When not considered experimental or investigational. Baseline lead test at approximate age of 12 months</li> <li>Screening &amp; diagnostic evaluations under age of 6 if at high risk for lead poisoning based on guidelines and criteria from Division of Public Health</li> </ul>	YES	YES
<b>Off-Label Drugs</b>	Issue Instructions	<ul style="list-style-type: none"> <li>Outpatient RX Rider</li> <li>Must cover</li> </ul>	YES	n/a
<b>Ovarian Cancer Monitoring</b>	Situs Amendment	<ul style="list-style-type: none"> <li>Coverage will be provided for a CA-125 monitoring of ovarian cancer, subsequent to treatment</li> </ul>	YES	YES
<b>Pap Smears</b>	Situs Amendment	<ul style="list-style-type: none"> <li>Applies to all females aged 18 and over</li> <li>Annual benefit for one cervical &amp; endometrial cancer screening (pap smear)</li> </ul>	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"> <li>Anorexia nervosa / Bulimia nervosa / Bipolar disorder / Delusional disorder / Major depressive disorder / Obsessive-compulsive disorder / Panic disorder / Schizo-affective disorder / Schizophrenia</li> <li>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</li> <li>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</li> </ul>	YES	YES

**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
<b>Dependent Eligibility Rules</b>	Certificate or Endorsement	<ul style="list-style-type: none"> <li>“Eligible Dependent” means: a. the Insured’s lawful spouse; and b. the Insured’s unmarried children who are less than age 26.</li> <li>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.</li> </ul>	n/a	n/a
<b>Reapply Question</b>	Plan Availability Chart	<ul style="list-style-type: none"> <li>n/a</li> </ul>	n/a	n/a
<b>Alcoholism Treatment</b>	Issue Instructions & Certificate	<ul style="list-style-type: none"> <li>Cover same as any other sickness</li> <li>Up to \$1,000 per year</li> </ul>	YES	YES
<b>Lead Poisoning Screening for Children</b>	Situs Amendment	<ul style="list-style-type: none"> <li>When not considered experimental or investigational. Baseline lead test at approximate age of 12 months</li> <li>Screening &amp; diagnostic evaluations under age of 6 if at high risk for lead poisoning based on guidelines and criteria from Division of Public Health</li> </ul>	YES	YES
<b>Ovarian Cancer Monitoring</b>	Situs Amendment	<ul style="list-style-type: none"> <li>Coverage will be provided for a CA-125 monitoring of ovarian cancer, subsequent to treatment</li> </ul>	YES	YES
<b>Pap Smears</b>	Situs Amendment	<ul style="list-style-type: none"> <li>Applies to all females aged 18 and over</li> <li>Annual benefit for one cervical &amp; endometrial cancer screening (pap smear)</li> </ul>	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"> <li>Anorexia nervosa / Bulimia nervosa / Bipolar disorder / Delusional disorder / Major depressive disorder / Obsessive-compulsive disorder / Panic disorder / Schizo-affective disorder / Schizophrenia</li> <li>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</li> <li>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</li> </ul>	YES	YES
TMJ & CMD	Issue Instructions & Certificate	<ul style="list-style-type: none"> <li>Up to \$5,000 per lifetime</li> </ul>	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
<b>Dependent Eligibility Rules</b>	Policy	<ul style="list-style-type: none"> <li>“Eligible Dependent” means: 1. the Insured’s lawful spouse; and 2. the Insured’s children who are less than 26.</li> <li>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.</li> <li>Dependent children (other than those for whom coverage has been court-ordered) must be primarily dependent on the Insured for principal support and maintenance.</li> </ul>	n/a	n/a
<b>Reapply Question</b>	Plan Availability Chart	<ul style="list-style-type: none"> <li>n/a</li> </ul>	n/a	n/a
<b>AIDS-</b>	Issue Instructions & Policy	<ul style="list-style-type: none"> <li>Cannot exclude</li> </ul>	YES	YES
<b>Emergency Treatment</b>	Issue Instructions & Policy	<ul style="list-style-type: none"> <li>Emergency Treatment that results from a complication even though condition is not covered</li> </ul>	YES	YES
<b>Formula &amp; Low Protein Modified Food Products</b>	Issue Instructions & Policy	<ul style="list-style-type: none"> <li>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</li> </ul>	YES	YES
<b>Loss or Impairment of Speech or Hearing</b>	Issue Instructions & Policy	<ul style="list-style-type: none"> <li>Medically Necessary care and treatment of loss or impairment of speech or hearing.</li> <li>Loss or impairment of speech or hearing includes those communicative disorders generally treated by a speech pathologist, audiologist or speech/language pathologist</li> </ul>	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"> <li>• Low-dose mammography screening for any non-symptomatic woman as follows:</li> <li>• One baseline mammogram for a Covered Person age 35 through 39 years, inclusive;</li> <li>• 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)</li> <li>• A mammogram every year for a Covered Person age 50 and over; and</li> <li>• 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</li> </ul>	YES	YES
Suicide While Insane	Issue Instructions & Policy	<ul style="list-style-type: none"> <li>• Cannot exclude</li> </ul>	YES	YES
TMJ	Issue Instructions & Policy	<ul style="list-style-type: none"> <li>• Cannot exclude</li> </ul>	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
<b>Dependent Eligibility Rules</b>	Certificate or Endorsement	<ul style="list-style-type: none"> <li>““Eligible Dependent” means: a. the Insured’s lawful spouse; and b. the Insured’s unmarried children who are less than age 26.</li> <li>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.</li> <li>Dependent children (other than those for whom coverage has been court-ordered) must be primarily dependent on the Insured for principal support and maintenance.</li> </ul>	n/a	n/a
<b>Reapply Question</b>	Plan Availability Chart	<ul style="list-style-type: none"> <li>n/a</li> </ul>	n/a	n/a
<b>Alcoholism</b>	Issue Instructions & Certificate	<ul style="list-style-type: none"> <li>Inpatient and Outpatient covered same as any sickness</li> </ul>	YES	YES
<b>Childhood Immunizations</b>	Issue Instructions & Certificate	<ul style="list-style-type: none"> <li>To age 6</li> </ul>	NO	YES
<b>Colorectal Cancer Exams</b>	Issue Instructions & Certificate	<ul style="list-style-type: none"> <li>Coverage periods of 6 months or more</li> <li>Age 50 years of age and older</li> </ul>		
<b>Diabetes</b>	Issue Instructions & Certificate	<ul style="list-style-type: none"> <li>Equipment, supplies, medication, medically necessary home visits and outpatient training.</li> <li>Training limited to \$500 every two years.</li> </ul>	YES	YES
<b>Lead Poisoning Screening for Children</b>	Situs Amendment	<ul style="list-style-type: none"> <li>When not considered experimental or investigational. Baseline lead test at approximate age of 12 months</li> <li>Screening &amp; diagnostic evaluations under age of 6 if at high risk for lead poisoning based on guidelines and criteria from Division of Public Health</li> </ul>	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"> <li>A baseline mammogram for any woman who is 35 years of age or older, but younger than 40 years of age.</li> <li>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.</li> <li>A mammogram every year for any woman who is 50 years of age or older.</li> </ul>	YES	YES
Orally Administered Chemo	Issue Instructions & Certificate	<ul style="list-style-type: none"> <li>Must be covered / Pre-certification can apply</li> </ul>	YES	YES
Ovarian Cancer Monitoring	Situs Amendment	<ul style="list-style-type: none"> <li>Coverage will be provided for a CA-125 monitoring of ovarian cancer, subsequent to treatment</li> </ul>	YES	YES
Pap Smears	Situs Amendment	<ul style="list-style-type: none"> <li>Applies to all females aged 18 and over</li> <li>Annual benefit for one cervical &amp; endometrial cancer screening (pap smear)</li> </ul>	YES	YES
Serious Mental Illness	Situs Amendment	<ul style="list-style-type: none"> <li>Anorexia nervosa / Bulimia nervosa / Bipolar disorder / Delusional disorder / Major depressive disorder / Obsessive-compulsive disorder / Panic disorder / Schizo-affective disorder / Schizophrenia</li> <li>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</li> <li>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</li> </ul>	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
<b>Dependent Eligibility Rules</b>	Certificate or Endorsement	<ul style="list-style-type: none"> <li>“Eligible Dependent” means: a. the Insured’s lawful spouse; and b. the Insured’s unmarried children who are less than age 26.</li> <li>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.</li> <li>Dependent children (other than those for whom coverage has been court-ordered) must be primarily dependent on the Insured for principal support and maintenance.</li> </ul>	n/a	n/a
<b>Reapply Question</b>	Plan Availability Chart	<ul style="list-style-type: none"> <li>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?</li> <li>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.</li> </ul>	n/a	n/a
<b>Alcohol / Drug</b>	Issue Instructions & Certificate	<ul style="list-style-type: none"> <li>Up to \$1,500 per calendar year for treatment for withdrawal from physiological effects of alcohol or drugs</li> <li>Up to \$9,000 per calendar year for the treatment for a patient admitted to a facility</li> <li>Counseling for insured who is not admitted to a facility up to \$2,500 per calendar year</li> </ul>	YES	YES
<b>Clinical Trials</b>	Issue Instructions & Certificate	<ul style="list-style-type: none"> <li>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</li> </ul>	YES	YES
<b>Colorectal Cancer Screening</b>	Issue Instructions & Certificate	<ul style="list-style-type: none"> <li>Colorectal Cancer Screening within guidelines of American Cancer Society or other published reports or guidelines by professional organizations which include supporting current scientific data</li> </ul>	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"> <li>Outpatient Rx Rider</li> <li>Must Cover</li> </ul>	YES	YES
Diabetes	Issue Instructions & Certificate	<ul style="list-style-type: none"> <li>Management and treatment of diabetes including coverage for self-management of diabetes</li> <li>Includes type I, type II and gestational diabetes</li> </ul>	YES	YES
HPV Vaccine	Issue Instructions & Certificate	<ul style="list-style-type: none"> <li>Covered for vaccine administered to women and girls at such ages as recommended by CDC, HHS and FDA</li> <li>Prior authorization not required</li> </ul>	YES	YES
Inherited Metabolic Diseases	Issue Instructions & Certificate	<ul style="list-style-type: none"> <li>Enteral formulas used at home</li> <li>Up to \$2,500 per year</li> </ul>	YES	YES
Intoxication	Issue Instructions & Certificate	<ul style="list-style-type: none"> <li>Cannot exclude</li> </ul>	YES	YES
Lead Poisoning Screening for Children	Situs Amendment	<ul style="list-style-type: none"> <li>When not considered experimental or investigational. Baseline lead test at approximate age of 12 months</li> <li>Screening &amp; diagnostic evaluations under age of 6 if at high risk for lead poisoning based on guidelines and criteria from Division of Public Health</li> </ul>	YES	YES
Mammograms	Issue Instructions & Certificate	<ul style="list-style-type: none"> <li>Baseline mammogram for women age 35-40</li> <li>Annual mammogram for women 40+</li> </ul>	YES	YES
OB/GYN Services	Issue Instructions & Certificate	<ul style="list-style-type: none"> <li>Coverage provided without first receiving authorization or a referral from a primary care Dr.</li> </ul>	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"> <li>Outpatient Rx Rider</li> <li>Must Cover</li> </ul>		
Ovarian Cancer Monitoring	Situs Amendment	<ul style="list-style-type: none"> <li>Coverage will be provided for a CA-125 monitoring of ovarian cancer, subsequent to treatment.</li> </ul>	YES	YES
Pap Smears	Situs Amendment Issue Instructions & Certificate	<ul style="list-style-type: none"> <li>Applies to all females aged 18 and over</li> <li>Annual benefit for one cervical &amp; endometrial cancer screening (pap smear)</li> </ul>	YES	YES
Reconstructive Surgery	Issue Instructions & Certificate	<ul style="list-style-type: none"> <li>When surgery is within 3 years of mastectomy</li> </ul>	YES	YES
Self-Inflicted Injury	Issue Instructions & Certificate	<ul style="list-style-type: none"> <li>Cannot exclude if its cause is related to mental illness</li> </ul>	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"> <li>(Situs Amendment) Anorexia nervosa / Bulimia nervosa / Bipolar disorder / Delusional disorder / Major depressive disorder / Obsessive-compulsive disorder / Panic disorder / Schizo-affective disorder / Schizophrenia</li> <li>(Certificate) Schizophrenia, Schizoaffective disorder, Bipolar disorder, Major depressive disorders, Panic disorder, obsessive-compulsive disorder)</li> <li>(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 &amp; Drug Mandate above</li> <li>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</li> <li>(Certificate) 40 days of hospitalization per policy year and 40 visits for outpatient treatment per policy year</li> <li>(Certificate) Cannot exclude self-inflicted injury if cause is related to a mental illness</li> </ul>	YES	YES
Telehealth Services	Issue Instructions & Certificate	<ul style="list-style-type: none"> <li>Cannot exclude</li> </ul>	YES	YES
TMJ	Issue Instructions & Certificate	<ul style="list-style-type: none"> <li>Cannot exclude</li> </ul>	YES	YES
Women's Health Benefits	Issue Instructions & Certificate	<ul style="list-style-type: none"> <li>Without copay/coinsurance</li> </ul>	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
<b>Dependent Eligibility Rules</b>	Policy	<ul style="list-style-type: none"> <li>“Eligible Dependent” means: 1. the Insured’s lawful spouse; and 2. the Insured’s children who are less than 26.</li> <li>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.</li> <li>Dependent children (other than those for whom coverage has been court-ordered) must be primarily dependent on the Insured for principal support and maintenance.</li> </ul>	n/a	n/a
<b>Reapply Question</b>	Plan Availability Chart	<ul style="list-style-type: none"> <li>n/a</li> </ul>	n/a	n/a
<b>AIDS, ARC or related immunodeficiency disorders</b>	Issue Instructions & Policy	<ul style="list-style-type: none"> <li>Cannot exclude</li> </ul>	YES	YES
<b>Anesthesia for Dental Procedures</b>	Issue Instructions & Policy	<ul style="list-style-type: none"> <li>Child less than 9 who is severely disabled or has medical condition and requires hospitalization or general anesthesia for dental care</li> </ul>	YES	YES
<b>Breast Reconstruction</b>	Issue Instructions & Policy	<ul style="list-style-type: none"> <li>Covered regardless of when mastectomy took place</li> <li>Includes lymphedemas</li> </ul>	YES	YES
<b>Cervical Cancer Screening</b>	Issue Instructions & Policy	<ul style="list-style-type: none"> <li>Including exam, lab fees and doctor interpretation of lab results</li> </ul>	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"> <li>Foot exclusion does not apply to diabetic benefit</li> <li>Services including diabetes outpatient self-management training and educational services, equipment, supplies, medications and lab procedures to treat diabetes</li> </ul>	YES	YES
Injury While Under Influence of Drugs or Alcohol	Issue Instructions & Policy	<ul style="list-style-type: none"> <li>Cannot Exclude</li> </ul>	YES	YES
Mammography	Issue Instructions & Policy	<ul style="list-style-type: none"> <li>One baseline mammogram for covered female age 35-39</li> <li>One mammogram every other year for female covered person age 40-49</li> <li>Annual mammogram for female covered person age 50+</li> <li>One or more mammograms a year for any covered female who is at risk for breast cancer, as recommended by a doctor</li> </ul>	YES	YES
Prostate Cancer Exams	Issue Instructions & Policy	<ul style="list-style-type: none"> <li>PSA test or equivalent tests for presence of prostate cancer</li> </ul>	YES	YES
Venereal Disease Including All Sexually Transmitted Diseases & Conditions	Issue Instructions & Policy	<ul style="list-style-type: none"> <li>Cannot exclude</li> </ul>	YES	YES
TMJ	Issue Instructions & Policy	<ul style="list-style-type: none"> <li>Cannot exclude</li> <li>Up to \$3500 for non-surgical treatment per lifetime</li> </ul>	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
<b>Dependent Eligibility Rules</b>	Policy	<ul style="list-style-type: none"> <li>“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.</li> <li>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.</li> </ul>	n/a	n/a
<b>Reapply Question</b>	Plan Availability Chart	<ul style="list-style-type: none"> <li>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?</li> <li>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</li> </ul>	n/a	n/a
<b>AIDS, ARC or related Immunodeficiency Disorders</b>	Issue Instructions & Policy	<ul style="list-style-type: none"> <li>Cannot exclude</li> </ul>	YES	YES
<b>Anesthesia for Dental Procedures</b>	Issue Instructions & Policy	<ul style="list-style-type: none"> <li>Child less than 9 who is severely disabled or has a medical condition and requires hospitalization or general anesthesia for dental care</li> </ul>	YES	YES
<b>Mastectomy</b>	Issue Instructions & Policy	<ul style="list-style-type: none"> <li>Includes lymphedema</li> </ul>	YES	YES
<b>Mammography</b>	Issue Instructions & Policy	<ul style="list-style-type: none"> <li>Baseline for any covered person age 35-40</li> <li>Annual mammogram, or more frequently if ordered by doctor, for covered person who is at least age 40</li> </ul>	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"> <li>Exam including digital rectal and PSA test</li> <li>Asymptomatic male age 50+</li> <li>Black male age 40+</li> <li>Male age 40+ with family history of prostate cancer</li> </ul>	YES	YES
Self-Inflicted Injury or Sickness	Issue Instructions & Policy	<ul style="list-style-type: none"> <li>Cannot exclude</li> </ul>	YES	YES
TMJ	Issue Instructions & Policy	<ul style="list-style-type: none"> <li>Up to \$2,500 for non-surgical and \$10,000 for surgical</li> <li>Can choose between coverage period or lifetime limits</li> </ul>	YES	YES
Under the Influence	Issue Instructions & Policy	<ul style="list-style-type: none"> <li>Cannot exclude</li> </ul>	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
<b>Dependent Eligibility Rules</b>	Certificate or Endorsement	<ul style="list-style-type: none"> <li>“Eligible Dependent” means: a. the Insured’s lawful spouse; and b. the Insured’s unmarried children who are less than age 26.</li> <li>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.</li> </ul>	n/a	n/a
<b>Reapply Question</b>	Plan Availability Chart	<ul style="list-style-type: none"> <li>n/a</li> </ul>	n/a	n/a
<b>AIDS</b>	Issue Instructions & Certificate	<ul style="list-style-type: none"> <li>Cannot exclude</li> </ul>	YES	YES
<b>Alcoholism</b>	Issue Instructions & Certificate	<ul style="list-style-type: none"> <li>Outpatient, inpatient and intermediate primary care limited to \$550 in any coverage period</li> </ul>	YES	YES
<b>Child Health Visit</b>	Issue Instructions & Certificate	<ul style="list-style-type: none"> <li>From birth to age 9</li> <li>Birth to age 1 limited to \$500</li> <li>All other ages limited to \$150 per year</li> <li>Hearing screening limited to \$75</li> </ul>	YES	YES
<b>Chronic Fatigue, Pain Disorders</b>	Issue Instructions & Certificate	<ul style="list-style-type: none"> <li>Cannot exclude</li> </ul>	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"> <li>When not considered experimental or investigational. Baseline lead test at approximate age of 12 months.</li> <li>Screening &amp; diagnostic evaluations under age of 6 if at high risk for lead poisoning based on guidelines and criteria from Division of Public Health.</li> </ul>	YES	YES
Mammography	Issue Instructions & Certificate	<ul style="list-style-type: none"> <li>Baseline for covered person age 35-39</li> <li>Mammogram every 2 years for covered person age 40-49</li> <li>Annual mammogram for covered person age 50+</li> </ul>	YES	YES
Ovarian Cancer Monitoring	Situs Amendment	<ul style="list-style-type: none"> <li>Coverage will be provided for a CA-125 monitoring of ovarian cancer, subsequent to treatment</li> </ul>	YES	YES
Pap Smears	Situs Amendment Issue Instructions & Certificate	<ul style="list-style-type: none"> <li>Applies to all females aged 18 and over</li> <li>Annual benefit for one cervical &amp; endometrial cancer screening (pap smear)</li> </ul>	YES	YES
Serious Mental Illness	Situs Amendment	<ul style="list-style-type: none"> <li>Anorexia nervosa / Bulimia nervosa / Bipolar disorder / Delusional disorder / Major depressive disorder / Obsessive-compulsive disorder / Panic disorder / Schizo-affective disorder / Schizophrenia</li> <li>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</li> <li>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</li> </ul>	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
<b>Dependent Eligibility Rules</b>	Certificate or Endorsement	<ul style="list-style-type: none"> <li>“Eligible Dependent” means: a. the Insured’s lawful spouse; and b. the Insured’s unmarried children who are less than age 26.</li> <li>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.</li> </ul>	n/a	n/a
<b>Reapply Question</b>	Plan Availability Chart	<ul style="list-style-type: none"> <li>n/a</li> </ul>	n/a	n/a
<b>Bone Density</b>	Issue Instructions & Certificate	<ul style="list-style-type: none"> <li>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</li> <li>Test not to exceed \$150</li> </ul>	YES	YES
<b>Diabetes Equipment &amp; Supplies</b>	Issue Instructions & Certificate	<ul style="list-style-type: none"> <li>Treatment of Type I, Type II and gestational diabetes</li> <li>Equipment, supplies and related services</li> </ul>	YES	YES
<b>Lead Poisoning Screening for Children</b>	Situs Amendment	<ul style="list-style-type: none"> <li>When not considered experimental or investigational. Baseline lead test at approximate age of 12 months.</li> <li>Screening &amp; diagnostic evaluations under age of 6 if at high risk for lead poisoning based on guidelines and criteria from Division of Public Health.</li> </ul>	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"> <li>Once every five years age 35-39</li> <li>Annually age 40+</li> <li>Not to exceed \$115</li> </ul>	NO	NO
Ovarian Cancer Monitoring	Situs Amendment	<ul style="list-style-type: none"> <li>Coverage will be provided for a CA-125 monitoring of ovarian cancer, subsequent to treatment</li> </ul>	YES	YES
Newborn Transportation	Issue Instructions & Certificate	<ul style="list-style-type: none"> <li>Transportation necessary for the provision of medical care</li> </ul>	YES	YES
Pap Smears	Situs Amendment	<ul style="list-style-type: none"> <li>Applies to all females aged 18 and over</li> <li>Annual benefit for one cervical &amp; endometrial cancer screening (pap smear)</li> </ul>	YES	YES
Serious Mental Illness	Situs Amendment	<ul style="list-style-type: none"> <li>Anorexia nervosa / Bulimia nervosa / Bipolar disorder / Delusional disorder / Major depressive disorder / Obsessive-compulsive disorder / Panic disorder / Schizo-affective disorder / Schizophrenia</li> <li>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</li> <li>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</li> </ul>	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
<b>Dependent Eligibility Rules</b>	Policy	<ul style="list-style-type: none"> <li>“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.</li> </ul>	n/a	n/a
<b>Reapply Question</b>	Plan Availability Chart	<ul style="list-style-type: none"> <li>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?</li> <li>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.</li> </ul>	n/a	n/a
<b>Alcohol or Controlled Substance Injury or Sickness</b>	Issue Instructions & Policy	<ul style="list-style-type: none"> <li>Cannot exclude</li> <li>Cover the same as any other benefit</li> </ul>	YES	YES
<b>Alcoholism</b>	Issue Instructions & Policy	<ul style="list-style-type: none"> <li>Treatment in a health care facility</li> <li>80% of Usual &amp; Customary charges not to exceed \$4,500</li> </ul>	YES	YES
<b>Colorectal Cancer Screening</b>	Issue Instructions & Policy	<ul style="list-style-type: none"> <li>Covered person age 50+</li> <li>Covered person who is at high risk</li> </ul>	YES	YES
<b>Intestinal Malabsorption</b>	Issue Instructions & Policy	<ul style="list-style-type: none"> <li>Nonprescription elemental enteral formula for home use</li> </ul>	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"> <li>Expenses of diagnosing, monitoring and controlling disorders by nutritional and medical assessment</li> </ul>	YES	YES
Mammography	Issue Instructions & Policy	<ul style="list-style-type: none"> <li>At any time for purpose of diagnosis in symptomatic or high-risk woman upon referral of Dr.</li> <li>Annual age 40+ with or without referral from Dr.</li> </ul>	YES	YES
Pap Smear	Issue Instructions & Policy	<ul style="list-style-type: none"> <li>Annually for women age 18-64</li> <li>Any time upon referral from woman's Dr.</li> </ul>	YES	YES
Prostate Exams	Issue Instructions & Policy	<ul style="list-style-type: none"> <li>Men age 50+</li> <li>Men younger than 50 who are at high risk for prostate cancer</li> </ul>	YES	YES
Sex Change Surgery	Issue Instructions & Policy	<ul style="list-style-type: none"> <li>Cannot exclude</li> </ul>	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
<b>Dependent Eligibility Rules</b>	Certificate or Endorsement	<ul style="list-style-type: none"> <li>“Eligible Dependent” means: a. the Insured’s lawful spouse; and b. the Insured’s unmarried children who are less than age 26.</li> <li>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.</li> </ul>	n/a	n/a
<b>Reapply Question</b>	Plan Availability Chart	<ul style="list-style-type: none"> <li>n/a</li> </ul>	n/a	n/a
<b>Childhood Immunizations</b>	Issue Instructions & Certificate	<ul style="list-style-type: none"> <li>Booster doses of all immunizing agents used in child immunizations</li> </ul>	NO	YES
<b>Lead Poisoning Screening for Children</b>	Situs Amendment	<ul style="list-style-type: none"> <li>When not considered experimental or investigational. Baseline lead test at approximate age of 12 months</li> <li>Screening &amp; diagnostic evaluations under age of 6 if at high risk for lead poisoning based on guidelines and criteria from Division of Public Health</li> </ul>	YES	YES
<b>Mammography</b>	Issue Instructions & Certificate	<ul style="list-style-type: none"> <li>Baseline mammogram for covered person age 35-39</li> <li>Annual mammogram for covered person age 40+ or more frequently if recommended by Dr.</li> <li>Mammogram based on Dr. recommendation for covered person under 40</li> </ul>	YES	YES
<b>Ovarian Cancer Monitoring</b>	Situs Amendment	<ul style="list-style-type: none"> <li>Coverage will be provided for a CA-125 monitoring of ovarian cancer, subsequent to treatment</li> </ul>	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"> <li>Applies to all females aged 18 and over</li> <li>Annual benefit for one cervical &amp; endometrial cancer screening (pap smear)</li> </ul>	YES	YES
Serious Mental Illness	Situs Amendment	<ul style="list-style-type: none"> <li>Anorexia nervosa / Bulimia nervosa / Bipolar disorder / Delusional disorder / Major depressive disorder / Obsessive-compulsive disorder / Panic disorder / Schizo-affective disorder / Schizophrenia</li> <li>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</li> <li>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</li> </ul>	YES	YES
Women's Health	Issue Instructions & Certificate	<ul style="list-style-type: none"> <li>Annual exam that includes pelvic exam, pap smear and clinical breast exam</li> </ul>	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
<b>Dependent Eligibility Rules</b>	Certificate or Endorsement	<ul style="list-style-type: none"> <li>“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.</li> <li>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.</li> </ul>	n/a	n/a
<b>Reapply Question</b>	Plan Availability Chart	<ul style="list-style-type: none"> <li>n/a</li> </ul>	n/a	n/a
<b>AIDS</b>	Issue Instructions & Certificate	<ul style="list-style-type: none"> <li>Must cover</li> </ul>	YES	YES
<b>Clinical Trials</b>	Issue Instructions & Certificate	<ul style="list-style-type: none"> <li>Cannot exclude solely on the basis that they are experimental</li> </ul>	YES	YES
<b>Kidney or End State Renal Disease</b>	Issue Instructions & Certificate	<ul style="list-style-type: none"> <li>Must cover</li> </ul>	YES	YES
<b>Lead Poisoning Screening for Children</b>	Situs Amendment	<ul style="list-style-type: none"> <li>When not considered experimental or investigational. Baseline lead test at approximate age of 12 months</li> <li>Screening &amp; diagnostic evaluations under age of 6 if at high risk for lead poisoning based on guidelines and criteria from Division of Public Health</li> </ul>	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"> <li>Must cover</li> </ul>	YES	YES
Ovarian Cancer Monitoring	Situs Amendment	<ul style="list-style-type: none"> <li>Coverage will be provided for a CA-125 monitoring of ovarian cancer, subsequent to treatment</li> </ul>	YES	YES
Pap Smears	Situs Amendment	<ul style="list-style-type: none"> <li>Applies to all females aged 18 and over</li> <li>Annual benefit for one cervical &amp; endometrial cancer screening (pap smear)</li> </ul>	YES	YES
Reconstructive Breast Surgery	Issue Instructions & Certificate	<ul style="list-style-type: none"> <li>Must cover regardless of when mastectomy occurred</li> </ul>	YES	YES
Serious Mental Illness	Situs Amendment	<ul style="list-style-type: none"> <li>Anorexia nervosa / Bulimia nervosa / Bipolar disorder / Delusional disorder / Major depressive disorder / Obsessive-compulsive disorder / Panic disorder / Schizo-affective disorder / Schizophrenia</li> <li>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</li> <li>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</li> </ul>	YES	YES
Telemedicine by TN Doctors	Issue Instructions & Certificate	<ul style="list-style-type: none"> <li>Must cover</li> </ul>	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"> <li>Must cover</li> </ul>	YES	YES
TMJ	Issue Instructions & Certificate	<ul style="list-style-type: none"> <li>Non-Surgical treatment limited to \$1,000 per coverage period</li> </ul>	YES	YES
Venereal Disease	Issue Instructions & Endorsement	<ul style="list-style-type: none"> <li>Must cover</li> </ul>	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
<b>Dependent Eligibility Rules</b>	Certificate or Endorsement	<ul style="list-style-type: none"> <li>“Eligible Dependent” means: a. the Insured’s lawful spouse; and b. the Insured’s unmarried children who are less than age 26.</li> <li>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.</li> <li>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).</li> </ul>	n/a	n/a
<b>Reapply Question</b>	Plan Availability Chart	<ul style="list-style-type: none"> <li>n/a</li> </ul>	n/a	n/a
<b>Acquired Brain Injury Therapy</b>	Issue Instructions & Certificate	<ul style="list-style-type: none"> <li>Rehab therapy, testing, treatment, remediation, post-acute transition services</li> </ul>	YES	YES
<b>AIDS</b>	Issue Instructions & Certificate	<ul style="list-style-type: none"> <li>Must cover</li> </ul>	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"> <li>Cannot exclude</li> </ul>	YES	YES
Chemical Dependency	Issue Instructions & Certificate	<ul style="list-style-type: none"> <li>Abuse of, psychological or physical dependence on or addiction to alcohol or controlled substance</li> <li>Outpatient or inpatient basis</li> <li>Lifetime maximum of 3 separate series of treatments for each covered person</li> </ul>	YES	YES
Childhood Immunizations	Issue Instructions & Certificate	<ul style="list-style-type: none"> <li>Birth to age 6</li> </ul>	NO	NO
Colorectal Cancer Screening	Issue Instructions & Certificate	<ul style="list-style-type: none"> <li>Covered person age 50+ and at normal risk</li> <li>Fecal occult test annually</li> <li>Sigmoidoscopy every 5 years</li> <li>Colonoscopy every 10 years</li> </ul>	YES	YES
Cranio Facial Abnormalities	Issue Instructions & Certificate	<ul style="list-style-type: none"> <li>In child under 19</li> </ul>	YES	YES
Diabetes Supplies, Equipment and Education	Issue Instructions & Certificate	<ul style="list-style-type: none"> <li>Equipment, supplies and related services</li> <li>Type I, Type II, gestational diabetes</li> </ul>	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"> <li>Must cover</li> </ul>	YES	YES
Hearing Aids & Cochlear Implants	Issue Instructions & Certificate	<ul style="list-style-type: none"> <li>Age 18 and under</li> <li>Hearing aid limited to 1 every 3 years.</li> </ul>	YES	YES
Hearing Screenings	Issue Instructions & Certificate	<ul style="list-style-type: none"> <li>For newborn to 30 days</li> <li>Follow-up to age 24 months</li> </ul>	NO	YES
Home Health Care	Issue Instructions & Certificate	<ul style="list-style-type: none"> <li>For 60 visits</li> </ul>	YES	YES
Lead Poisoning Screening for Children	Situs Amendment	<ul style="list-style-type: none"> <li>When not considered experimental or investigational. Baseline lead test at approximate age of 12 months</li> <li>Screening &amp; diagnostic evaluations under age of 6 if at high risk for lead poisoning based on guidelines and criteria from Division of Public Health</li> </ul>	YES	YES
Ovarian Cancer Monitoring	Situs Amendment	<ul style="list-style-type: none"> <li>Coverage will be provided for a CA-125 monitoring of ovarian cancer, subsequent to treatment</li> </ul>	YES	YES
Mammography	Issue Instructions & Certificate	<ul style="list-style-type: none"> <li>Covered same as terms and conditions as a sickness covered under policy</li> <li>Covered person age 35 +</li> </ul>	YES	YES
Mastectomy	Issue Instructions & Certificate	<ul style="list-style-type: none"> <li>Inpatient care up to 48 hours</li> <li>24 hours lymph node</li> </ul>	YES	YES

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Mandate	Review Source for Details	Details	Deductible Applies	Coinsurance Applies
Osteoporosis	Issue Instructions & Certificate	<ul style="list-style-type: none"> <li>Postmenopausal woman not receiving estrogen replacement therapy</li> <li>Individual with vertebral abnormalities, primary hyperparathyroidism, history of bone fractures</li> <li>Individual receiving long-term glucocorticoid therapy, being monitored in response to efficacy of osteoporosis drug therapy</li> </ul>	YES	YES
Pap Smears	Situs Amendment Issue Instructions & Certificate	<ul style="list-style-type: none"> <li>Applies to all females aged 18 and over</li> <li>Annual benefit for one cervical &amp; endometrial cancer screening (pap smear)</li> <li>HPV test</li> </ul>	YES	YES
Prescription Drug Rider	Issue Instructions and Certificate / Rider	<ul style="list-style-type: none"> <li>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)</li> </ul>	YES	n/a
Prostate Exams	Issue Instructions & Certificate	<ul style="list-style-type: none"> <li>Male covered person age 50+ and asymptomatic</li> <li>Male covered person age 40+ with a family history of prostate cancer or another prostate cancer risk factor</li> </ul>	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"> <li>Anorexia nervosa / Bulimia nervosa / Bipolar disorder / Delusional disorder / Major depressive disorder / Obsessive-compulsive disorder / Panic disorder / Schizo-affective disorder / Schizophrenia</li> <li>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</li> <li>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</li> <li>45 days inpatient treatment</li> <li>60 visits for outpatient treatment</li> </ul>	YES	YES
Telemedicine	Issue Instructions & Certificate	<ul style="list-style-type: none"> <li>Telemedicine services</li> </ul>	YES	YES
TMJ	Issue Instructions & Certificate	<ul style="list-style-type: none"> <li>Diagnostic or surgical treatment as a result of a trauma, congenital defect, developmental defect, pathology</li> </ul>	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
<b>Dependent Eligibility Rules</b>	Certificate or Endorsement	<ul style="list-style-type: none"> <li>“Eligible Dependent” means: a. the Insured’s lawful spouse; and b. the Insured’s unmarried children who are less than age 26.</li> <li>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</li> <li>Dependent children (other than those for whom coverage has been court-ordered) must be primarily dependent on the Insured for principal support and maintenance.</li> </ul>	n/a	n/a
<b>Reapply Question</b>	Plan Availability Chart	<ul style="list-style-type: none"> <li>n/a</li> </ul>	n/a	n/a
<b>Lead Poisoning Screening for Children</b>	Situs Amendment	<ul style="list-style-type: none"> <li>When not considered experimental or investigational. Baseline lead test at approximate age of 12 months</li> <li>Screening &amp; diagnostic evaluations under age of 6 if at high risk for lead poisoning based on guidelines and criteria from Division of Public Health</li> </ul>	YES	YES
<b>Ovarian Cancer Monitoring</b>	Situs Amendment	<ul style="list-style-type: none"> <li>Coverage will be provided for a CA-125 monitoring of ovarian cancer, subsequent to treatment</li> </ul>	YES	YES
<b>Pap Smears</b>	Situs Amendment	<ul style="list-style-type: none"> <li>Applies to all females aged 18 and over</li> <li>Annual benefit for one cervical &amp; endometrial cancer screening (pap smear)</li> </ul>	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"> <li>Anorexia nervosa / Bulimia nervosa / Bipolar disorder / Delusional disorder / Major depressive disorder / Obsessive-compulsive disorder / Panic disorder / Schizo-affective disorder / Schizophrenia</li> <li>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</li> <li>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</li> </ul>	YES	YES

**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
<b>Dependent Eligibility Rules</b>	Certificate or Endorsement	<ul style="list-style-type: none"> <li>“Eligible Dependent” means: a. the Insured’s lawful spouse; and b. the Insured’s unmarried children who are less than age 26.</li> <li>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.</li> <li>Dependent children (other than those for whom coverage has been court-ordered) must be primarily dependent on the Insured for principal support and maintenance.</li> </ul>	n/a	n/a
<b>Reapply Question</b>	Plan Availability Chart	<ul style="list-style-type: none"> <li>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?</li> <li>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.”</li> </ul>	n/a	n/a
<b>Child Health Services</b>	Issue Instructions & Certificate	<ul style="list-style-type: none"> <li>Immunizations from birth to age 16</li> </ul>	NO for Immunizations	YES
<b>Chronic Pain Treatment</b>	Issue Instructions & Certificates	<ul style="list-style-type: none"> <li>20 office visits</li> <li>Paid at same level as any other Office Visit or therapy Visit</li> </ul>	YES	YES
<b>Colorectal Exam</b>	Issue Instructions & Certificate	<ul style="list-style-type: none"> <li>Nonsymptomatic person age 50+</li> <li>Symptomatic person under age 50</li> </ul>	YES	YES
<b>Diabetes Equipment, Supplies &amp; Education</b>	Issue Instructions & Certificate	<ul style="list-style-type: none"> <li>Equipment and supplies for treatment and/or management of diabetes for insulin dependent and noninsulin dependent person and those with gestational diabetes</li> </ul>	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"> <li>When not considered experimental or investigational. Baseline lead test at approximate age of 12 months</li> <li>Screening &amp; diagnostic evaluations under age of 6 if at high risk for lead poisoning based on guidelines and criteria from Division of Public Health</li> </ul>	YES	YES
Mammogram	Issue Instructions & Certificate	<ul style="list-style-type: none"> <li>One baseline for women age 35-39</li> <li>One mammogram every 2 years for women age 40-49, or more frequently if recommended by a Dr.</li> <li>Annual mammogram for women age 50+</li> </ul>	YES	YES
Ovarian Cancer Monitoring	Situs Amendment	<ul style="list-style-type: none"> <li>Coverage will be provided for a CA-125 monitoring of ovarian cancer, subsequent to treatment</li> </ul>	YES	YES
Pap Smears	Situs Amendment Issue Instructions & Certificate	<ul style="list-style-type: none"> <li>Applies to all females aged 18 and over</li> <li>Annual benefit for one cervical &amp; endometrial cancer screening (pap smear)</li> </ul>	YES	YES
Rehab Services	Issue Instructions & Certificate	<ul style="list-style-type: none"> <li>Stroke, Spinal cord injury, Congenital deformity, Amputation, Major multiple trauma, fracture of femur, Brain injury, Polyarthrititis including rheumatoid arthritis, Neurological disorders, Cardia disorders, Burns</li> </ul>	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"> <li>Anorexia nervosa / Bulimia nervosa / Bipolar disorder / Delusional disorder / Major depressive disorder / Obsessive-compulsive disorder / Panic disorder / Schizo-affective disorder / Schizophrenia</li> <li>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</li> <li>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</li> </ul>	YES	YES
TMJ and Craniomandibular Disorders	Issue Instructions & Certificate	<ul style="list-style-type: none"> <li>Treatment of TMJ disorders and craniomandibular disorders</li> </ul>	YES	YES

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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
<b>Dependent Eligibility Rules</b>	Certificate or Endorsement	<ul style="list-style-type: none"> <li>“Eligible Dependent” means: a. the Insured’s lawful spouse; and b. the Insured’s unmarried children who are less than age 26.</li> <li>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.</li> </ul>	n/a	n/a
<b>Reapply Question</b>	Plan Availability Chart	<ul style="list-style-type: none"> <li>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?</li> <li>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.</li> </ul>	n/a	n/a
<b>Alcohol, Drug, Mental &amp; Nervous Disorders</b>	Issue Instructions & Certificate	<ul style="list-style-type: none"> <li>Inpatient hospital, outpatient and transitional treatment not to exceed \$7,000 per policy year</li> <li>Inpatient hospital coverage for the lesser of: the expenses of 30 days of inpatient or \$6,300</li> <li>Outpatient services up to \$1,800 per policy year</li> <li>Transitional treatment up to \$2,700 each policy year</li> </ul>	YES	YES
<b>Lead Poisoning Screening for Children</b>	Situs Amendment	<ul style="list-style-type: none"> <li>When not considered experimental or investigational. Baseline lead test at approximate age of 12 months</li> <li>Screening &amp; diagnostic evaluations under age of 6 if at high risk for lead poisoning based on guidelines and criteria from Division of Public Health</li> </ul>	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"> <li>Two low-dose mammography exams for women age 45-49 (coverage not provided if woman had such an exam within previous 2 years)</li> <li>Annual mammogram for women age 50-65</li> </ul>	YES	YES
Newborns	Issue Instructions & Certificate	<ul style="list-style-type: none"> <li>Covered for at least 60 days from birth</li> </ul>	YES	YES
Ovarian Cancer Monitoring	Situs Amendment	<ul style="list-style-type: none"> <li>Coverage will be provided for a CA-125 monitoring of ovarian cancer, subsequent to treatment</li> </ul>	YES	YES
Pap Smears	Situs Amendment	<ul style="list-style-type: none"> <li>Applies to all females aged 18 and over</li> <li>Annual benefit for one cervical &amp; endometrial cancer screening (pap smear)</li> </ul>	YES	YES
Serious Mental Illness	Situs Amendment	<ul style="list-style-type: none"> <li>Anorexia nervosa / Bulimia nervosa / Bipolar disorder / Delusional disorder / Major depressive disorder / Obsessive-compulsive disorder / Panic disorder / Schizo-affective disorder / Schizophrenia</li> <li>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</li> <li>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</li> </ul>	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
<b>Dependent Eligibility Rules</b>	Certificate or Endorsement	<ul style="list-style-type: none"> <li>“Eligible Dependent” means: a. the Insured’s lawful spouse; and b. the Insured’s unmarried children who are less than age 26.</li> <li>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.</li> </ul>	n/a	n/a
<b>Reapply Question</b>	Plan Availability Chart	<ul style="list-style-type: none"> <li>n/a</li> </ul>	n/a	n/a
<b>Colorectal Cancer Screenings</b>	Issue Instructions & Certificate	<ul style="list-style-type: none"> <li>Colorectal cancer exams and lab tests for any nonsymptomatic person</li> </ul>	YES	YES
<b>Diabetes Equipment, Supplies and Education</b>	Issue Instructions & Certificate	<ul style="list-style-type: none"> <li>One-time evaluation and training when medically necessary, within 1 year of diagnosis</li> <li>Additional self-management training upon change in symptoms, condition or treatment limited to 3 hours per year</li> </ul>	YES	YES
<b>Lead Poisoning Screening for Children</b>	Situs Amendment	<ul style="list-style-type: none"> <li>When not considered experimental or investigational. Baseline lead test at approximate age of 12 months</li> <li>Screening &amp; diagnostic evaluations under age of 6 if at high risk for lead poisoning based on guidelines and criteria from Division of Public Health</li> </ul>	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"> <li>Screening mammogram and clinical breast exam for any nonsymptomatic person</li> </ul>	YES	YES
Ovarian Cancer Monitoring	Situs Amendment	<ul style="list-style-type: none"> <li>Coverage will be provided for a CA-125 monitoring of ovarian cancer, subsequent to treatment</li> </ul>	YES	YES
Pap Smears	Situs Amendment	<ul style="list-style-type: none"> <li>Applies to all females aged 18 and over</li> <li>Annual benefit for one cervical &amp; endometrial cancer screening (pap smear)</li> </ul>	YES	YES
Prostate Exam	Issue Instructions & Certificate	<ul style="list-style-type: none"> <li>Prostate examination and lab tests for cancer for any nonsymptomatic man</li> </ul>	YES	YES
Serious Mental Illness	Situs Amendment	<ul style="list-style-type: none"> <li>Anorexia nervosa / Bulimia nervosa / Bipolar disorder / Delusional disorder / Major depressive disorder / Obsessive-compulsive disorder / Panic disorder / Schizo-affective disorder / Schizophrenia</li> <li>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</li> <li>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</li> </ul>	YES	YES

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