

Underwritten By:

The North River Insurance Company

JKB Consulting
Group, LLC

Epic Short-Term Health Insurance



Why Choose an Epic Short-Term Insurance Plan?

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

Epic Plans Key Features

- ✓ Preventive health exams (after 3 months of coverage)*
- ✓ Child immunizations paid at 100%
- ✓ Preventive wellness coverage for the whole family including prostate and colon cancer screening, mammograms and OB-GYN annual exams
- ✓ Optional Supplemental Accident benefits providing 100% coverage for medical expenses related to accidental injury
- ✓ Optional prescription drug benefits on plans (including contraceptives)
- ✓ All provider access through reference-based pricing
- ✓ As soon as next day effective dates available¹
- ✓ Short-Term Medical Insurance Disclosure

Quick Guide to Epic Plan

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* Coverage period: Not to exceed a 180-day period commencing as of the Certificate effective date in Illinois.
¹See waiting period provisions on page 11 for more details.

Quantum PPO Short-Term Medical Insurance Plan Benefits

	Epic Base
No Network Requirements	All Provider Access

COVERED EXPENSE HIGHLIGHTS

Deductibles	\$5,000, \$10,000, \$15,000, \$20,000
Family Deductible Maximum	2x individual deductible
Coinsurance (Percentage you pay)	0%
Out-of-Pocket Maximum	Satisfied after the deductible is met
Total Coverage Maximum	\$500,000 or \$1,000,000

MEDICAL EXPENSE HIGHLIGHTS

Primary Doctor Visit	No charge after the deductible is met
Specialist Doctor and Urgent Care Visit	No charge after the deductible is met
Preventive Examination	3 month wait, 1 primary care visit and services covered at 100% up to \$100 per covered person during coverage period
Emergency Room	\$250 copay then no charge after the deductible is met
Hospital Inpatient	No charge after the deductible is met
Outpatient Surgical Facility	No charge after the deductible is met
Mental Illness and Substance Use Disorder	Not covered
Supplemental Accident (Optional benefit)	\$5,000 or \$10,000 per individual
Travelling in A Foreign Country (Emergency treatment)	Not covered

PRESCRIPTION DRUG EXPENSE HIGHLIGHTS

Prescription Drugs (Optional benefit)	Generic copay \$5; Preferred copay \$35; Non-preferred copay \$70
Maximum Prescription Drug Benefit	\$1,000 (coverage periods of 6 months or less) or \$2,000 (coverage periods greater than 6 months) ¹

¹ Maximum Prescription Drug Benefit is \$1,000 (coverage periods of 180 days or less in Illinois).

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

Reference Based Pricing

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

All Provider Access

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

No Balance Bill

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

Medical and Optional Prescription Drug Expense Highlights

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

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

Preventive Health

Preventive examination

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

Obstetrical/gynecological examination

Routine annual obstetrical/gynecological exam.

Children's preventive health care visits and immunizations

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

Mammography

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

Prostate cancer screening

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

Colorectal cancer screening

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

Diabetic supplies and management

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

Ovarian cancer screening

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

Facility and Associated Services

Hospitalizations, surgeries, services, and supplies

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

Emergency room services

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

Ambulance services

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

Outpatient surgical and urgent care facility charges

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

Skilled nursing facility care

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

Home rehabilitative care

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

Medical and Optional Prescription Drug Expense Highlights

Organ transplants

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

Hospice

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

Professional Services and Supplies

Doctor's office visits

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

Diagnostic testing

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

Durable medical equipment

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

Radiation therapy and chemotherapy

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

Physical therapy, occupational therapy and speech therapy

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

Telemedicine

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

Joint, neck and spine

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

Dental care for injuries

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

Autism spectrum disorder

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

Optional outpatient prescription drugs

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