

PIVOT HEALTH

ADMINISTERED BY ALLIED NATIONAL

IMPORTANT CONTACT INFORMATION

BILLING, CLAIMS AND CUSTOMER SERVICE REPRESENTATIVES CAN BE REACHED

MONDAY – FRIDAY, 8:30 A.M. TO 4:30 P.M.

TELEPHONE: 844-630-7500 **EMAIL:** CLIENTSERVICES@ALLIEDNATIONAL.COM

PROVIDER VERIFICATION OF BENEFITS CALLS SHOULD BE DIRECTED TO THE
“PROVIDER” NUMBER FOUND ON THE INSURED’S MEDICAL PLAN ID CARD.

TELEPHONE: 844-223-2985

WEB SUPPORT OR TECHNICAL ISSUES WITH PIVOTHEALTH.COM SHOULD BE
DIRECTED TO:

EMAIL: AGENTSUPPORT@PIVOTHEALTH.COM

PRECERTIFICATION IS REQUIRED FOR INPATIENT ADMISSIONS OR OUTPATIENT
SURGERIES OVER \$5000. CONTACT ALLIED NATIONAL BY PHONE.

TELEPHONE: 866-317-5273

ALL OTHER QUESTIONS SHOULD BE REFERRED TO THE “CLIENT INFORMATION”
NUMBER FOUND ON THE INSURED’S MEDICAL PLAN ID CARD.

TELEPHONE: 844-630-7500

**IMPORTANT INFORMATION BELOW ON FEATURES, LIMITATIONS &
EXCLUSIONS**

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Additional Plan Features

- Choice of coverage periods from 1 month to 364 days (Coverage periods may be limited in some states)
- Choice of deductibles
- Choice of any doctor or hospital
- Communicating for America association membership offers lifestyle discounts.

Limitations & Exclusions

Charges for the following treatments and/or services and/or supplies and/or conditions are excluded from coverage:

- Pre-existing Conditions:
 1. Charges resulting directly or indirectly from a condition for which a Covered Person received medical treatment, diagnosis, care or advice within the sixty-month period immediately preceding such person's Effective Date are excluded for the first 12 months of coverage hereunder.
- **This exclusion does not apply to a newborn or newly adopted child who is added to coverage under this certificate**
- Waiting Period: Covered Persons will only be entitled to receive benefits for Sickneses that begin, by occurrence of symptoms and/or receipt of treatment, at least 5 days following the Covered Person's Effective Date of coverage under the policy. Covered Persons will only be entitled to receive benefits for Cancer that begins, by occurrence of symptoms or receipt of treatment at least 30 days following the Covered Person's Effective Date of coverage under the policy.

- Outpatient Prescription Drugs, medications, vitamins, and mineral or food supplements including pre-natal vitamins, or any over-the-counter medicines, whether or not ordered by a Doctor.
- **Routine pre-natal care, Pregnancy, child birth, and post natal care. (This exclusion does not apply to "Complications of Pregnancy" as defined.)**
- Alcoholism.
- Substance Abuse.
- Charges which are not incurred by a Covered Person during his/her Coverage Period.
- Treatment, services or supplies which are not administered by or under the supervision of a Doctor.
- Treatment, services or supplies which are not Medically Necessary as defined.
- Treatment, services or supplies provided at no cost to the Covered Person.
- Charges which exceed Usual and Customary charge as defined.
- Telephone consultations or failure to keep a scheduled appointment.
- Consultations and/or treatment provided over the Internet.
- Surgeries, treatments, services or supplies which are deemed to be Experimental Treatment.
- All charges Incurred while confined primarily to receive Custodial or Convalescence Care.
- Weight modification or surgical treatment of obesity, including wiring of the teeth and all forms of intestinal bypass surgery.
- **Modifications of the physical body in order to improve the psychological, mental or emotional well-being of the Covered Person, such as sex-change surgery.**
- **Surgeries, treatments, services or supplies for cosmetic or aesthetic reasons, except for reconstructive surgery which is expressly covered under this certificate.**
- Any drug, treatment or procedure that either promotes or prevents conception including but not limited to: artificial insemination, treatment for infertility or impotency, sterilization or reversal of sterilization.
- Any drug, treatment or procedure that either promotes, enhances or corrects impotency or sexual dysfunction.
- Abortions, except in connection with covered Complications of Pregnancy or if the life of the expectant mother would be at risk.
- Dental treatment, except for dental treatment that is expressly covered under this certificate.
- Eyeglasses, contact lenses, hearing aids, hearing implants, eye refraction, visual therapy, and any examination or fitting related to these devices, and all vision and hearing tests and examinations.

- Eye surgery, such as radial keratotomy, when the primary purpose is to correct nearsightedness, farsightedness or astigmatism.
- Treatment for cataracts.
- Treatment of the temporomandibular joint.
- Injuries resulting from participation in any form of skydiving, scuba diving, auto racing, bungee jumping, hang or ultra light gliding, parasailing, sail planning, flying in an aircraft (other than as a passenger on a commercial airline), rodeo contests or as a result of participating in any professional, semi-professional or other non-recreational sports including boating, motorcycling, skiing, riding all-terrain vehicles or dirt-bikes, snowmobiling or go-carting.
- Injury resulting from being under the influence of or due wholly or partly to the effects of alcohol or drugs, other than drugs taken in accordance with treatment prescribed by a Doctor, but not for the treatment of Substance Abuse.
- Willfully self-inflicted Injury or Sickness.
- Venereal disease, including all sexually transmitted diseases and conditions.
- Immunizations and Routine Physical Exams.
- Services received for any condition caused by a Covered Person's commission of or attempt to commit a felony or to which a contributing cause was the Covered Person being engaged in an illegal occupation.
- Speech, vocational, occupational, biofeedback, acupuncture, recreational, sleep or music therapy, holistic care of any nature, massage and kinestherapy.
- Any services performed or supplies provided by a member of the Insured's Immediate Family.
- Orthoptics and visual eye training.
- Services or supplies which are not included as Eligible Expenses as described herein.
- Care, treatment or supplies for the feet: orthopedic shoes, orthopedic prescription devices to be attached to or placed in shoes, treatment of weak, strained, flat, unstable or unbalanced feet, metatarsalgia or bunions, and treatment of corns, calluses or toenails.
- Care and treatment for hair loss including wigs, hair transplants or any drug that promises hair growth, whether or not prescribed by a Doctor.
- Treatment of sleep disorders.
- Hypnotherapy when used to treat conditions that are not recognized as Mental or Nervous Disorders by the American Psychiatric Association, and biofeedback, and non-medical self-care or self-help programs.
- Any services or supplies in connection with cigarette smoking cessation.
- Exercise programs, whether or not prescribed or recommended by a Doctor.

- Treatment required as a result of complications or consequences of a treatment or condition not covered under this certificate.
- Charges for travel or accommodations, except as expressly provided for local ambulance.
- Treatment incurred as a result of exposure to non-medical nuclear radiation and/or radioactive material(s).
- Organ or Tissue Transplants or related services.
- Treatment for acne, moles, skin tags, diseases of sebaceous glands, seborrhea, sebaceous cyst, unspecified disease of sebaceous glands, hypertrophic and atrophic conditions of skin, nevus.
- Services received or supplies purchased outside the United States, its territories or possessions, or Canada.
- Treatment for or related to any congenital condition, except as it relates to a newborn or adopted child added as a Covered Person to this certificate.
- Spinal manipulation or adjustment.
- Sclerotherapy for veins of the extremities.
- Expenses during the first 6 months after the Effective Date of coverage for a Covered Person for the following (subject to all other coverage provisions, including but not limited to the Pre-existing Condition exclusion):
 1. Total or partial hysterectomy, unless it is Medically Necessary due to a diagnosis of carcinoma;
 2. Tonsillectomy;
 3. Adenoidectomy;
 4. Repair of deviated nasal septum or any type of surgery involving the sinus;
 5. Myringotomy;
 6. Tympanotomy;
 7. Herniorrhaphy;
 8. Cholecystectomy.
- Chronic fatigue or pain disorders; Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), or related immunodeficiency disorders.
- Treatment or diagnosis of allergies, except for emergency treatment of allergic reactions.
- Treatment, medication or hormones to stimulate growth, or treatment of learning disorders, disabilities, developmental delays or deficiencies, including therapy.
- Kidney or end stage renal disease.
- Joint replacement or other treatment of joints, spine, bones or connective tissue including tendons, ligaments and cartilage, unless related to a covered Injury.

- Expenses resulting from a declared or undeclared war, or from voluntary participation in a riot or insurrection.
- Expenses incurred by a Covered Person while on active duty in the armed forces. Upon written notice to Us of entry into such active duty, the unused premium will be returned to the Covered Person on a pro-rated basis.

This is a partial list of exclusions and limitations. Please see the certificate for detailed information about these and other policy exclusions and limitations. Benefits, provisions, limitations and exclusions may vary by state.

This policy is not available in all states.

Coverage Effective Date

You can select your insurance to be effective as early as the day following the transmission date of your application. However, you can choose a later effective date, but not to exceed 45 days from the date of transmission. All coverage is subject to approval of your application and payment of your first premium.

Free Look Period

If you are not 100% satisfied with Pivot Health, return the certificate along with a written request for cancellation to Pivot Health within 10 days of receipt. Coverage will be cancelled as of the effective date and your premium will be returned.

Pivot Health is made available to members of Communicating for America and their spouses who are between 18 and 64 years old, and their dependent children and can answer “No” to all of the questions in the application for insurance. Membership is not required in the states of: ID, KS, NH and SD.

Pivot Health will automatically terminate on the earliest of the following dates: The expiration date of your coverage; the date the group policy terminates; the date the insurance under the group policy is discontinued; the due date of a premium payment, if it is not paid by the end of the 31 day grace period; Covered Person’s dependent’s coverage ends when Covered Person coverage terminates; or the dependent ceases to be eligible; the date Covered Person enter full-time active duty in the armed forces of any country or international organization; or the date we determine fraudulent statements or material misrepresentation have been made by the Covered Person or with Covered Person’s knowledge in filing a claim for benefits.

Benefits are limited to the usual, reasonable and customary charge for each covered expense, in addition to any specific limits stated in the policy.

This type of plan is NOT considered “minimum essential coverage” under the Affordable Care Act and therefore you may be subject to a tax penalty