

| MEDICAL POLICY STATEMENT<br>Marketplace |                |  |  |  |  |  |
|---|----------------|--|--|--|--|--|
| Policy Name & Number                    | Date Effective |  |  |  |  |  |
|   |                |  |  |  |  |  |
|   |                |  |  |  |  |  |
| Policy Type                             |                |  |  |  |  |  |
| MEDICAL                                 |                |  |  |  |  |  |

| This policy applies to the following Marketplace(s): |         |          |      |               |  |  |  |
|--|---------|----------|------|---------------|--|--|--|
| Georgia  | Indiana | Kentucky | Ohio | West Virginia |  |  |  |







