

PIVOT HEALTH



Agent Overview



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Short Term Medical, Bridge to Medicare™, Supplemental, Fixed Indemnity & Dental / Vision



Easy Enrollment



Competitive Compensation



Unique Benefits



We are PIVOT HEALTH

Pivot Health is led by insurance industry veterans who have helped brokers produce more than \$1 billion in premium of high quality benefit plans for their customers. We offer plans through “A” rated insurance carriers which are simplified issue with competitive compensation packages.

Our plans are designed to help health insurance marketers “pivot” through changes in the individual health market while offering plans that align with the budgets of most consumers.

For More Information
Sales Support: todd.greene@pivotohealth.com
Contracting: leah.ray@pivotohealth.com



We Are Pivot Health

Reasons You Should Work With Pivot Health

- ✓ Competitive advantages within the marketplace
- ✓ Broker and call center friendly
- ✓ Competitive commission rates
- ✓ Personalized agent landing pages
- ✓ Dedicated sales support team

Short Term Health Insurance

- 364 day plan durations in select states
- Prescription drug coverage
- Copays for physician and specialist office visits
- All provider access and PPO network
- Next day effective dates offered
- Child(ren) only policies available

Latitude Supplemental Health Insurance

- Cash payment to insured
- Daily hospital benefits for any sickness or injury
- Guaranteed acceptance - no underwriting
- Critical illness coverage for children
- Includes package of non-insurance, money saving health benefits

Fixed Indemnity Affordable Fixed Coverage

- More than \$1 million of annual benefits
- Affordable for many budgets
- Doctor office visits for injury or sickness
- Yes/no – accept/reject underwriting with same day approval
- Hospital and surgical benefits
- Wellness benefits

Bridge to Medicare™ Plan

- For 62-65 year old individuals and couples
- Open network – see any doctor or hospital
- Savings of 50% or more compared to alternatives
- Benefits for large dollar medical claims
- Cash reimbursement for doctor office visits and preventive care

Dental / Vision

- Eligibility for ages 18 -100+ (child dependents accepted)
- No waiting periods for benefits
- Option to start coverage the next day after enrollment
- Routine cleanings paid at 100%
- Orthodontia option available for children under age 19

Products Available by State

	Short Term Medical	Short Term Core	Bridge to Medicare ™	Fixed Indemnity	Dental/ Vision	Latitude Supplemental
Alabama	Y	Y	Y	Y	Y	Y
Alaska	N	N	N	N	N	N
Arizona	Y	Y	N	Y	Y	Y
Arkansas	Y	Y	Y	Y	Y	Y
California	N	N	N	N	N	N
Colorado	N	N	N	N	N	N
Connecticut	N	N	N	N	N	N
Delaware	Y	Y	N	Y	N	Y
District of Columbia	N	N	N	Y	N	Y
Florida	Y	Y	Y	Y	Y	Y
Georgia	Y	Y	Y	Y	Y	N
Hawaii	N	N	N	N	N	N
Idaho	Y	N	N	N	Y	N
Illinois	Y	Y	N	Y	N	Y
Indiana	Y	Y	N	Y	Y	N
Iowa	Y	Y	N	Y	Y	Y
Kansas	N	N	N	Y	N	N
Kentucky	Y	Y	Y	Y	Y	Y
Louisiana	Y	N	N	Y	N	N
Maine	N	N	N	N	N	N
Maryland	N	N	N	N	N	N
Massachusetts	N	N	N	N	N	N
Michigan	Y	Y	N	Y	Y	N
Minnesota	N	N	N	N	N	N
Mississippi	Y	N	N	Y	Y	Y
Missouri	Y	N	N	Y	N	N
Montana	N	N	N	Y	N	N

	Short Term Medical	Short Term Core	Bridge to Medicare ™	Fixed Indemnity	Dental/ Vision	Latitude Supplemental
Nebraska	Y	Y	N	Y	Y	Y
Nevada	Y	Y	N	Y	Y	N
New Hampshire	N	N	N	N	N	N
New Jersey	N	N	N	N	N	N
New Mexico	N	N	N	Y	Y	N
New York	N	N	N	N	N	N
North Carolina	Y	N	N	Y	N	N
North Dakota	N	N	N	N	N	N
Ohio	Y	Y	Y	Y	Y	N
Oklahoma	Y	Y	N	Y	Y	Y
Oregon	Y	N	N	N	Y	N
Pennsylvania	Y	Y	Y	Y	N	Y
Rhode Island	N	N	N	N	N	Y
South Carolina	N	N	N	Y	N	Y
South Dakota	N	N	N	Y	N	N
Tennessee	Y	N	N	Y	Y	N
Texas	Y	Y	Y	Y	Y	Y
Utah	N	N	N	N	N	N
Vermont	N	N	N	N	N	N
Virginia	Y	Y	Y	Y	Y	N
Washington	N	N	N	N	N	N
West Virginia	Y	Y	N	Y	Y	Y
Wisconsin	Y	Y	N	Y	Y	Y
Wyoming	Y	Y	N	Y	Y	Y
# of States	28	21	9	28	22	19

Short Term Medical Duration Options By State

States	90 DAY	180 DAY	364 DAY	4 x 90	2 x 180*	2 x 364*
AL		X	X		X	X
AR		X	X		X	X
AZ		X			X	
DC						
DE	X					
FL		X	X		X	X
GA		X	X		X	X
IA	X			X		
ID		X	X			
IL		X				
IN		X			X	
KY		X	X		X	X
LA		X		X	X	
MI		X				
MO		X			X	
MS		X	X		X	X
NC		X	X		X	
NE		X	X		X	X
NV		X				
OH		X	X		X	X
OK		X			X	
OR	X					
PA		X	X		X	X
TN		X	X		X	
TX		X	X		X	X
VA		X	X		X	X
WI		X	X		X	
WV		X	X			
WY		X	X		X	X

*New Durations Coming soon!

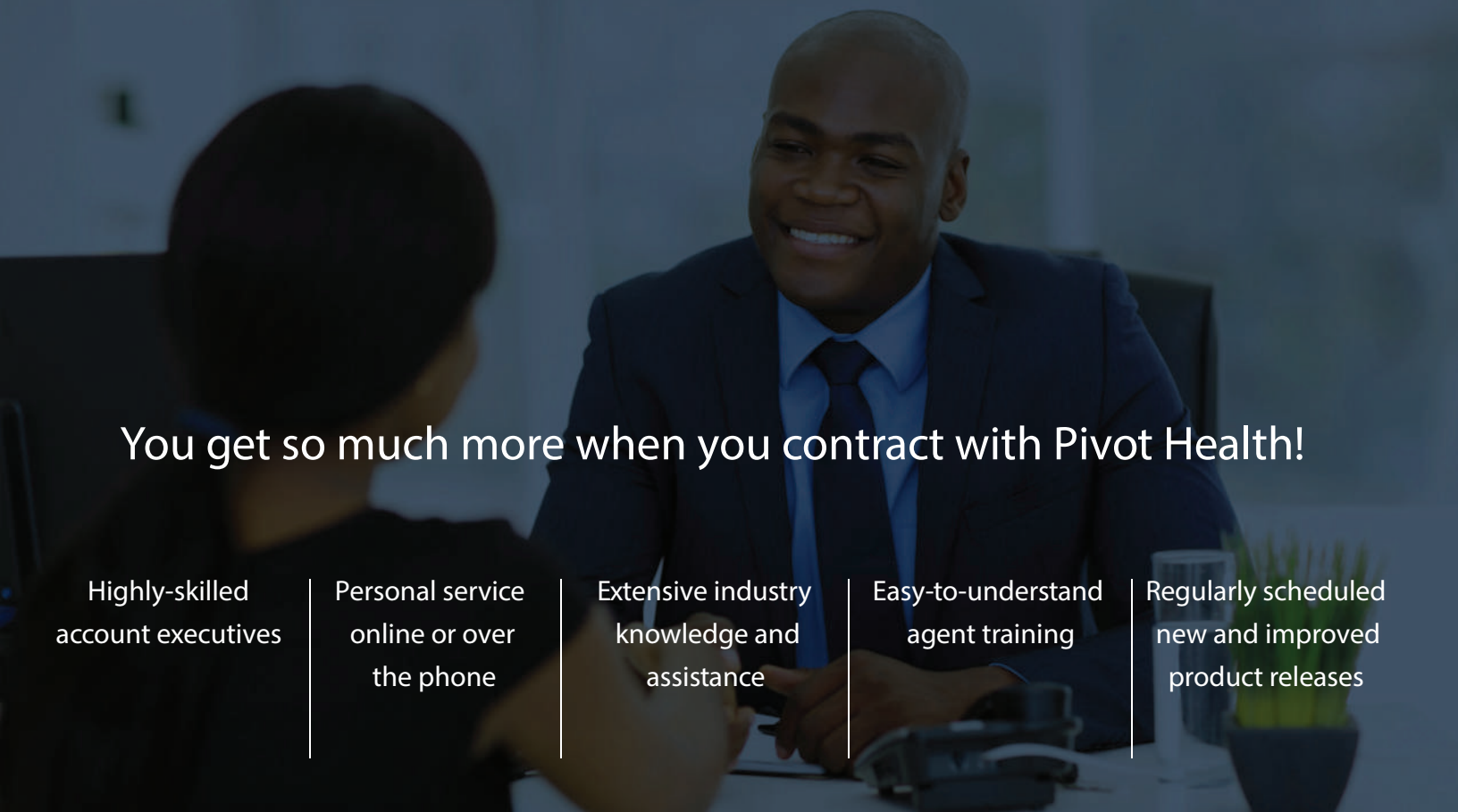
State Specific Duration Rules	
Arizona	Coverage may consist of four consecutive nonrenewable policies or less in any 12-month period.
Delaware	Limited to 90 days during a 365 day period.
Idaho	Only allowed one coverage period, then individual must wait 64 days from the termination of the last short term policy before enrolling again.
Illinois	Limited to 180 days of coverage with one carrier, then individual must wait 60 days from the termination of the last short term policy before enrolling again.
Michigan	Limited to 180 days of coverage with one carrier, then individual must wait 60 days from the termination of the last short term policy before enrolling again.
Nevada	Limited to 180 days of coverage, then individual must wait 180 days from the termination of the last short term policy before enrolling again.
Oregon	After 90 days of coverage, individual must wait 60 days from the termination of the last short-term policy before enrolling again.
West Virginia	Only allowed one coverage period, then individual must wait 64 days from the termination of the last short-term policy before enrolling again.
Wisconsin	After 18 months of coverage, individual must wait 63 days from termination of last short term policy from Companion Life Insurance Company before enrolling again.



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You get so much more when you contract with Pivot Health!

Highly-skilled
account executives

Personal service
online or over
the phone

Extensive industry
knowledge and
assistance

Easy-to-understand
agent training

Regularly scheduled
new and improved
product releases

Online Broker Resources

Agent Resources

- An online [Agent Resource](https://www.pivotohealth.com/agent-resources/) is where you can find downloadable brochures, marketing materials, training presentations and agent state specific resources. It is updated with new materials frequently. Please bookmark this webpage and refer to it often: <https://www.pivotohealth.com/agent-resources/>

Broker Portal

- Once you have clients enrolled in a Pivot Health short term policy you can log into the Agent Portal Register at <https://www.pivotohealth.com/agent/admin/register/>
- You will need your Pivot Health Agent writing number (63786)
- Once you register you will receive an email with a link to the agent portal <https://www.pivotohealth.com/agent/admin/login/> to login in with a temporary password
- After you are logged into the agent portal, you can review your cases' effective date, expiration date, premium amount and plan information

Other contact support information is as follows:

- Training Resources: Todd Greene, 727-408-7430, todd.greene@pivotohealth.com
- Client Support: Allied National Client Services, 844-630-7500, clientservices@alliednational.com
- Agent Support for client claims, billing or commission questions: Allied National Client Services, 844-630-7500, agentsfirst@alliednational.com

Wishing you a world of success-



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Short Term Medical

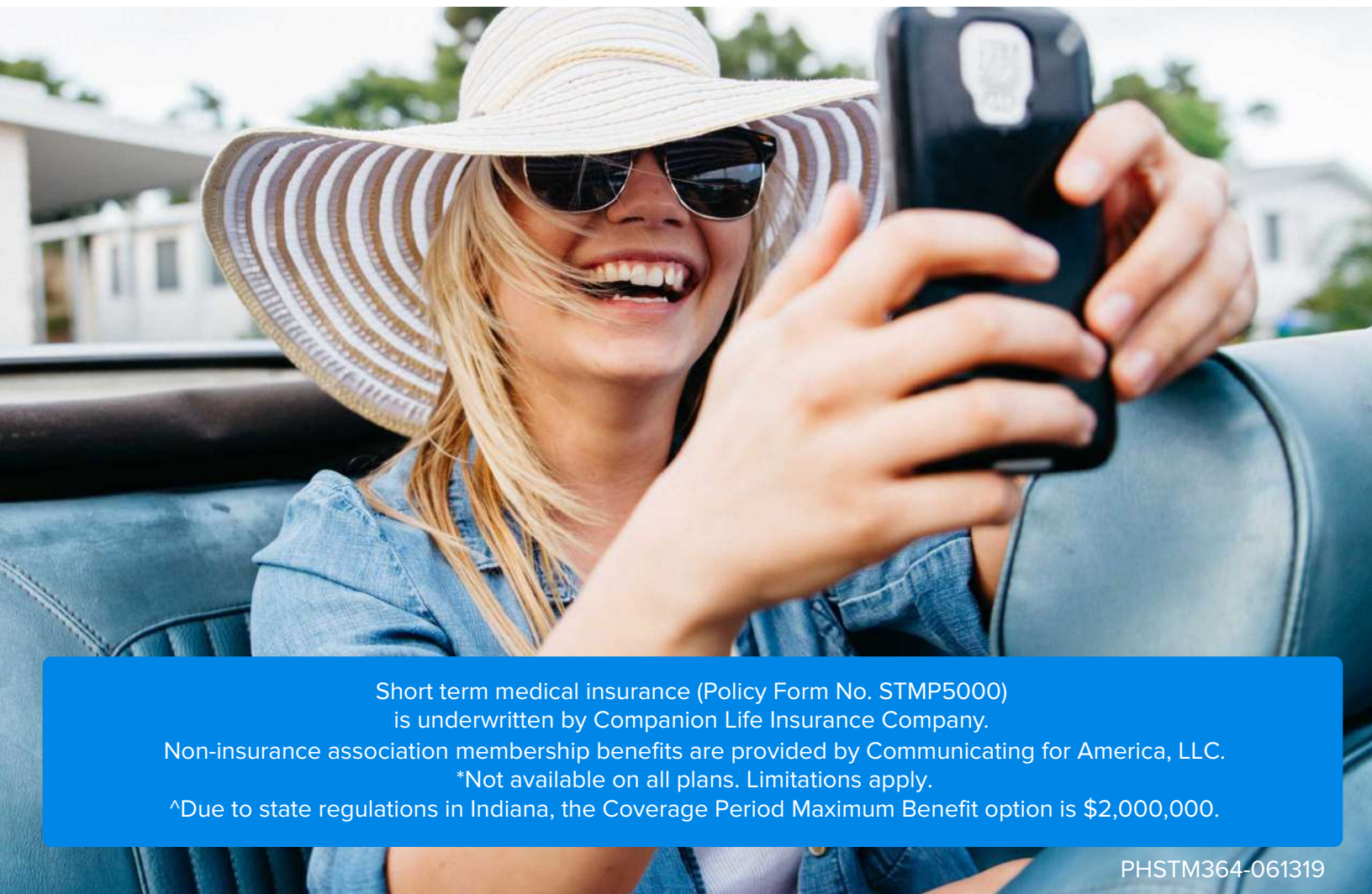
Short term, limited-duration insurance.

Insurance Benefits Highlights

- ✓ Includes doctor visit copays*
- ✓ Prescription coverage*
- ✓ Up to \$1 million of maximum coverage^

Extra Non-Insurance Benefits

- ✓ Access to telemedicine 24/7
- ✓ Discounts and lifestyle benefits



Short term medical insurance (Policy Form No. STMP5000)
is underwritten by Companion Life Insurance Company.

Non-insurance association membership benefits are provided by Communicating for America, LLC.

*Not available on all plans. Limitations apply.

^Due to state regulations in Indiana, the Coverage Period Maximum Benefit option is \$2,000,000.

Options

Short term medical provides a limited duration medical insurance solution until a qualified health plan is chosen, helping reduce your financial risk. It allows you to pivot to help meet your life's needs.

Features

Short term medical includes hospitalization and professional health services after deductibles, copays, and coinsurance. You can enroll for as little as 30-days, and your benefit coverage can pay up to \$1,000,000[^] during the covered time period. There are no doctor or hospital network restrictions, so you have the freedom to choose where to receive care.

Important Plan Features*

- ✓ Up to \$1,000,000 in benefits per coverage period[^]
- ✓ Deductible options of \$1,000, \$2,000, \$2,500, \$3,000, \$5,000, \$7,500 and \$10,000
- ✓ 20%-30% coinsurance options
- ✓ Freedom to choose any doctor or hospital – no networks
- ✓ On select plans, separate \$500 prescription drug deductible, plus generic and brand prescription copay options.
- ✓ On select plans, \$30 primary physician copay, \$60 Urgent Care and specialty physician copay benefits
- ✓ Coinsurance maximum out-of-pocket as low as \$3,000 per person, per coverage period on select plans
- ✓ Child-only coverage available
- ✓ Ovarian cancer screening and one annual pap smear per year, per covered female age 18 and over

Disclosures

Short Term Medical Disclosure

This coverage is not required to comply with certain federal market requirements for health insurance, principally those contained in the Affordable Care Act. Be sure to check your Policy/Certificate carefully to make sure you are aware of any exclusions or limitations regarding coverage of preexisting conditions or health

benefits (such as hospitalization, emergency services, maternity care, preventive care, prescription drugs, and mental health and substance use disorder services).

Your Policy/Certificate might also have lifetime and/or annual dollar limits on health benefits. If this coverage expires or you lose eligibility for this coverage, you might have to wait until an open enrollment period to get other health insurance coverage. Also, this coverage is not “minimum essential coverage.”

This plan has a pre-existing limitation provision that may prevent coverage from applying to medical conditions that existed prior to this plan effective date.

If an insured relocates to a state where short term medical forms are not available, a new policy cannot be issued at the expiration date of the policy currently in force.

***Policy duration varies by state availability.**

[^]Due to state regulations in Indiana, the Coverage Period Maximum Benefit option is \$2,000,000.

Short term medical plans (1/2)

	ECONOMY	CHOICE	STANDARD	DELUXE
Deductible	\$3,000, \$5,000, \$7,500 or \$10,000	\$1,000, \$2,000, \$5,000, or \$10,000	\$2,000, \$3,000 or \$5,000	\$1,000, \$2,500 or \$5,000
Coinsurance	20% or 30%	20% or 30%	20%	20%
Coinsurance Maximum Out-of-Pocket [†]	\$10,000	\$10,000	\$5,000	\$3,000
Coverage Period Max Benefit	\$100,000 or \$500,000 or \$1,000,000 [^]	\$100,000, \$250,000 or \$1,000,000 [^]	\$250,000 or \$500,000 [^]	\$500,000 or \$1,000,000 [^]
Prescription Drugs	Discount only	Discount only	After \$500 Rx deductible, generic copay \$10, preferred \$50, non-preferred brand \$75. No specialty drugs.	Generics copay \$10. After \$500 Rx deductible (does not apply to generics), preferred \$50, non-preferred brand \$75. No specialty drugs
Primary Doctor Office Visit*	Subject to deductible and coinsurance	\$30 primary doctor copay	Subject to deductible and coinsurance	\$30 primary doctor copay
Specialty Doctor Office Visit*	Subject to deductible and coinsurance	\$60 Urgent Care and specialty physician copay	Subject to deductible and coinsurance	\$60 Urgent Care and specialty physician copay
Additional Emergency Room Deductible**	\$450 plus medical deductible & coinsurance	\$250 plus medical deductible & coinsurance	\$350 plus medical deductible & coinsurance	\$250 plus medical deductible & coinsurance
Inpatient Hospital Benefits	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible and coinsurance
Additional Outpatient Surgical Facility Deductible***	\$500 plus medical deductible and coinsurance	Medical deductible and coinsurance	Medical deductible and coinsurance	Medical deductible and coinsurance
Additional Inpatient Admission Deductible	\$750 plus deductible & coinsurance	\$0 plus deductible & coinsurance	\$500 plus deductible & coinsurance	\$0 plus deductible & coinsurance

[†] Family out-of-pocket limit is three times the individual maximum.

[^] Due to state regulations in Indiana, the Coverage Period Maximum Benefit option is \$2,000,000.

* Primary Physician, Specialist & Urgent Care Office Visit Copay: Limited to 3 visits per coverage period. Additional services and tests subject to deductible and coinsurance.

** Emergency Room Deductible: An additional deductible is payable if not admitted to the hospital, in addition to the standard deductible and coinsurance apply.

*** Outpatient Surgical Facility Deductible: an additional deductible applied to the facility bill.

	All Plans
Ground Ambulance	Up to \$1,000 per coverage period
Air Ambulance	Up to \$2,500 per coverage period
Home Health Care	Maximum of 40 days
Athletic Injury ‡	Same as any other illness/accident
Physical Therapy	\$50 per visit; 20 visit max
Mental Illness	Outpatient: \$50 per visit; 10 visit max; inpatient: \$100 per day, 31 day max
Network	No network -all access
Out-of-Network Coverage	Yes
Benefit Rules & Limitations	‡ Semi-professional, professional, non-recreation and hazardous sports are excluded See Plan Details for additional limitations and exclusions.

What is not covered?*

For the first policy, pre-existing conditions diagnosed within the sixty-month period immediately preceding such covered person's effective date are excluded for the first 12 months of coverage. (This exclusion does not apply to a newborn or newly adopted child who is added to coverage under this certificate.) For policies two, three and four, refer to the policy for the pre-existing condition exclusion.

Emergency pre-certification: In the event of an emergency hospital admission, pre-certification must be made within 48 hours after the admission, or as soon as is reasonably possible.

Waiting Period: Covered Persons will only be entitled to receive benefits for Sicknesses 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 supplements including pre-natal vitamins, or any over-the-counter medicines, whether or not ordered by a doctor. For Standard and Deluxe plans, outpatient drugs are only covered by the plan's prescription drug coverage endorsement.

Routine pre-natal care, pregnancy, childbirth, and post natal care. (This exclusion does not apply to "Complications of Pregnancy").

Weight modification or surgical treatment of obesity.

Injuries resulting from participation in any form of skydiving, scuba diving, auto racing, bungee jumping, hang or ultra light gliding, parasailing, sail planing, 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 dirtbikes, snowmobiling or go-carting.

Modifications of the physical body in order to improve the psychological, mental or emotional wellbeing, 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 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.

What is not covered?*

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

Treatment for cataracts.

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.

Willfully self-inflicted injury or sickness.

Venereal disease, including all sexually transmitted diseases and conditions.

Immunizations and routine physical exams. Care, treatment or supplies for the feet.

Care and treatment for hair loss. Treatment of sleep disorders.

Organ or tissue transplants or related services.

Treatment for acne, moles, skin tags and other specific conditions of the skin and skin diseases.

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.

Chiropractic adjustments.

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):

- ✓ Total or partial hysterectomy, unless it is medically necessary due to a diagnosis of carcinoma;
- ✓ Tonsillectomy;
- ✓ Adenoidectomy;
- ✓ Myringotomy;
- ✓ Tympanotomy;
- ✓ Repair of deviated nasal septum or any type of surgery involving the sinus;
- ✓ Herniorraphy;
- ✓ Cholecystectomy

***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.**

Free Look Period

If you are not 100% satisfied with your Companion Life insurance plan, provide a written request for cancellation to Companion Life within 10 days of receipt. Certificate of coverage will be cancelled as of the effective date and your premium will be returned.

Eligibility

Companion Life is made available to members of Communicating for America and their spouses who are between 18 and 64 years and 11 months of age and their dependent children and can answer “No” to all of the questions in the application for insurance. Membership not required in all states.

Termination of Coverage

Companion Life insurance 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's coverage terminates or the dependent ceases to be eligible; the date Covered Person enters 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

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

About Companion Life Insurance Company.

Companion Life Insurance Company, located in Columbia, S.C., has specialized in insurance benefits for more than 40 years.

About Communicating for America

Individuals who purchase a Companion Life insurance policy in specific states become members of Communicating for America, Inc. (CA), a non-profit, 501(c)(5) association that promotes the betterment of general health and welfare for all Americans, particularly those who are self-employed in rural areas or own a small business. CA member benefits are administered by CA and are not affiliated with Companion Life Insurance Company.

CA membership benefits include:

- ✓ \$49 telemedicine doctor consultations 24/7
- ✓ 15-30% off eye exams, lenses, frames and contacts



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Core Short Term Medical

Short term, limited-duration insurance.

Insurance Benefits Highlights

-  Low deductibles
-  Includes doctor visit copays
-  Prescription coverage

Extra Non-Insurance Benefits

-  Access to telemedicine 24/7
-  Discounts and lifestyle benefits

Short term medical insurance (Policy Form No. STMP5000) is underwritten by Companion Life Insurance Company. Non-insurance association membership benefits are provided by Communicating for America, LLC.



How Long Can a Short Term Medical Plan Cover Me?*

We understand you might need short term medical coverage for a temporary period of time or for a longer extension over multiple months. That's why Pivot Health offers an array of coverage durations that allow you to pick an option for your particular life situation.

90-Days or Four 90-Days Plans

Pivot Health offers you the opportunity to apply for one 90-day policy which gives you nearly 3-months of coverage. We also allow you to apply for four (4) back-to-back 90-day policies at one time. You do not have to qualify again for the three additional policies, there are no additional waiting periods, and you can cancel at any time. New ID card must be downloaded every 90-days to ensure coverage is current. Pre-payment option is available for a discounted rate on shorter 90-day-only plans. For the first policy, pre-existing conditions diagnosed within the 60-month period immediately preceding the covered person's effective date are excluded for the first 12 months of coverage.

180-Days of Coverage

Need coverage for more than a few months? Get one policy for up to 180 days (approximately 6 months).

364-Days of Coverage

If you need health insurance coverage for nearly a year while you wait for additional coverage, 364-days of short term health insurance can take you the distance. May be great for individuals seeking a longer-term solution.

Short Term Medical Disclosure

This coverage is not required to comply with certain federal market requirements for health insurance, principally those contained in the Affordable Care Act. Be sure to check your Policy/Certificate carefully to make sure you are aware of any exclusions or limitations regarding coverage of preexisting conditions or health benefits (such as hospitalization, emergency services, maternity care, preventive care, prescription drugs, and mental health and substance use disorder services). Your Policy/Certificate might also have lifetime and/or annual dollar limits on health benefits. If this coverage expires or you lose eligibility for this coverage, you might have to wait until an open enrollment period to get other health insurance coverage. Also, this coverage is not "minimum essential coverage." If you don't have minimum essential coverage for any month in 2018, you may have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

This plan has a pre-existing limitation provision that may prevent coverage from applying to medical conditions that existed prior to this plan effective date.

**Policy duration varies by state availability.*



Health insurance for individuals who dislike high deductible plans

If you are a healthy adult and don't want to spend a lot of money buying coverage but want protection - just in case - Pivot Health's Core short term health plans could be the right fit for you. These plans help cover every day medical expenses like doctor office visits and optionally, prescription drug costs, but have more limited coverage for major services like hospital stays and surgeries. This helps you tailor health coverage to just what you need and not spend money on services you might not use.

With a Core Short Term Health Plan, you have access to First Health®, a large PPO network, allowing you to see doctors across the nation.

First Health PPO Network

First Health is a PPO network with broad access to medical providers in urban, suburban and rural markets throughout the country.

- Access to more than 5,300 hospitals, over 100,000 ancillary facilities and over 695,000 professional medical providers*
- Network doctors who are carefully selected to promote quality outcomes-www.firsthealthlb.com

** September 2017, First Health Data Warehouse*



What do Core plans cover?

	CORE 1000	CORE 2000
Deductible	\$1,000	\$2,000
Coinsurance	20%	
Coinsurance Maximum Out-of-Pocket †	\$1,000	
Coverage Period Max Benefit	\$750,000^	
Prescription Drugs	Discount only	Generics copay \$10. After \$500 Rx deductible (does not apply to generics), preferred \$50, non-preferred brand \$75. No specialty drugs.
Network	PPO	
Primary Doctor Office Visit *	\$30 copay	
Urgent Care and Specialty Doctor Office Visit*	\$60 copay	
Outpatient Emergency Room	Up to \$500 maximum per day	
Outpatient Surgical Facility	Up to \$1,000 maximum per day	
Semi-Private Hospital Room & Board	Up to \$1,000 maximum per day	
Intensive Care Unit	Up to \$1,250 maximum per day	
Surgeon Services	Up to \$2,500 per surgery, up to \$5,000 maximum per coverage period	
Local Ambulance	Up to \$250 maximum per trip if related to a covered injury, \$250 maximum per trip for a covered sickness if hospitalized	
Home Health Care	1 visit per day up to 40 days per coverage period	
Extended Care Facility	\$150 maximum per day up to 60 days	
Athletic Injury **	Same as any other illness/accident	
Physical Therapy	\$50 per visit per day	
Out-of-Network Coverage	Yes	

Benefit Rules & Limitations:

† Family out-of-pocket limit is three times the individual maximum. See Plan Details for additional limitations and exclusions.

^ Due to state regulations in Indiana, the Coverage Period Max Benefit option is \$2,000,000.

* Primary Physician, Specialist & Urgent Care Office Visit Copay: Limited to 3 visits per coverage period.

Additional services and tests subject to deductible and coinsurance.

** Semi professional, professional, non-recreation and hazardous sports are excluded. Copays, deductibles and penalties do not accumulate toward the out-of-pocket maximums.

For the first policy, pre-existing conditions diagnosed within the sixty-month period immediately preceding such covered person's effective date are excluded for the first 12 months of coverage. (This exclusion does not apply to a newborn or newly adopted child who is added to coverage under this certificate.) For policies two, three and four, refer to the policy for the pre-existing condition exclusion.

Waiting Period: Covered Persons will only be entitled to receive benefits for Sicknesses 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 supplements including pre-natal vitamins, or any over-the-counter medicines, whether or not ordered by a doctor. On Core 2000, outpatient drugs are only covered by the plan's prescription drug coverage endorsement.

Routine pre-natal care, pregnancy, childbirth, and post natal care. (This exclusion does not apply to "Complications of Pregnancy").

Weight modification or surgical treatment of obesity.

Injuries resulting from participation in any form of skydiving, scuba diving, auto racing, bungee jumping, hang or ultra light gliding, parasailing, sail planing, 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.

Modifications of the physical body in order to improve the psychological, mental or emotional wellbeing, 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 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.

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

Treatment for cataracts.

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.

Willfully self-inflicted injury or sickness.

Venereal disease, including all sexually transmitted diseases and conditions.

Immunizations and routine physical exams.

Care, treatment or supplies for the feet.

Care and treatment for hair loss.

Treatment of sleep disorders.

Organ or tissue transplants or related services.

Treatment for acne, moles, skin tags and other specific conditions of the skin and skin diseases.

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.

Chiropractic adjustments.

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):

- *Total or partial hysterectomy, unless it is medically necessary due to a diagnosis of carcinoma;*
- *Tonsillectomy;*
- *Adenoidectomy;*
- *Myringotomy;*
- *Tympanotomy;*
- *Repair of deviated nasal septum or any type of surgery involving the sinus;*
- *Herniorrhaphy;*
- *Cholecystectomy.*

*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.



Free Look Period

If you are not 100% satisfied with your Companion Life insurance plan, provide a written request for cancellation to Companion Life within 10 days of receipt. Certificate of coverage will be cancelled as of the effective date and your premium will be returned.

Eligibility

Companion Life is made available to members of Communicating for America and their spouses who are between 18 and 64 years and 11 months of age, and their dependent children and can answer "No" to all of the questions in the application for insurance. Membership not required in all states.

Termination of Coverage

Companion Life insurance 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's coverage terminates or the dependent ceases to be eligible; the date Covered Person enters 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

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

About Companion Life Insurance Company.

Companion Life Insurance Company of Columbia, S.C. has specialized in insurance benefits for more than 40 years.

About Communicating for America

Individuals who purchase a Companion Life insurance policy in specific states become members of Communicating for America, Inc. (CA), a non-profit, 501(c)(5) association that promotes the betterment of general health and welfare for all Americans, particularly those who are self-employed in rural areas or own a small business. CA member benefits are administered by CA and are not affiliated with Companion Life Insurance Company.

CA membership benefits include:

- \$49 telemedicine doctor consultations 24/7
- 15-30% off eye exams, lenses, frames and contacts



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Short Term Health Insurance Plans

Health Care is Expensive.
Health Insurance Doesn't Need To Be.

For agent use only. Not for distribution.

Product Value and Advantages

Short term health insurance is quickly becoming the alternative health plan of choice for individuals and families looking for an affordable option during a temporary life situation, such as being stuck in a 90-day employer waiting period, early retirement, aging off a parents plan, inability to afford COBRA coverage or another life change that leaves them uninsured..

Advantages of Pivot Health Short Term Health Insurance

- Coverage up to 364 days in select states
- No doctor network - see any physician or facility
- Doctor and specialist copay options
- Prescription drug coverage
- No surgical waiting periods
- Flexible deductible, coinsurance and coverage period maximum benefit options

Affordability of Plans

Short term health insurance is on average about 50% less than Obamacare (ACA) plans.

Access to Plans

- All providers accepted
- Only five underwriting questions
- U.S. citizenship not required
- Next day effective dates offered
- Child(ren) only policies available starting at age 6 months

Target Audience

- Hourly workers without access to company benefits
- Self-employed individuals in today's "gig" economy
- Workers stuck in an employer's 90-day waiting period
- Unable to afford COBRA
- Adult children aging off parents plan when they turn 26

Continued on next page

- Couples getting married or divorced
- Early retirees ineligible for Medicare
- College students needing coverage while away from home
- Individuals seeking less restrictions on doctor/hospital network
- Consumers seeking a more affordable option than Obamacare

Other Candidates for Short Term Health Insurance

Most industry workers do not receive employer-sponsored health insurance and can make too little to afford an ACA plan, but earn too much to qualify for Medicaid. From a bartender to ride-share driver, the average annual income of these service workers makes them ideal candidates for short term health insurance:



Average Annual Salaries

- Food service worker: \$23,269
- Hotel front desk: \$25,505
- Car detailer: \$19,900
- Retail sales associate: \$24,809
- Home health aide: \$24,395
- Uber driver: \$30,000

National averages based on [Glassdoor salary](#) data.

Five Short Term Health Insurance Trends*

1. 61% of short term health plan buyers just need a temporary coverage solution
2. 27% buy short term medical plans because of their affordability
3. 51% of short term health plan buyers say they would be uninsured if not for the availability of short term medical
4. In 2017, the average short term premium was **\$79** a month for a 30-year old.
5. Comparing deductibles of 2017 short term health plans, the average deductible was **\$3,434** — \$2,658 less than the average deductible for a bronze plan (\$6,092)

*<https://goo.gl/zjTfLv> and <https://goo.gl/NGd4MR>

Cost Example

A healthy 30-year old male living in Texas with the option of purchasing an individual Affordable Care Act (ACA) plan or a short term health plan can pay:*

Plan	Deductible	Out-of-Pocket Max	Monthly Premium
ACA Plan	\$5,000	\$6,700	\$418
Short Term Medical	\$5,000	\$10,000	\$79

With short term health insurance this 30-year old male gets:

- Lower deductible
- \$30 doctor office copay and \$60 for Urgent Care or specialist
- \$49 telemedicine non-insurance benefit and vision discounts included
- Discount prescription drugs

With no claims, the 30-year old pays:

ACA Plan: \$5,016 per year for individual health insurance

Short Term: \$237 every 90-days or \$948 for 360 days for health insurance

That's \$4,068 in savings each year by enrolling in a short term plan!

**Example based on rates for a 30-year old male living in Dallas, Texas, obtained from HealthCare.com and Pivot Health.*

Short Term Health Plans Are Easy to Use Compared to Traditional Health Plans

- Coverage can start in 24-hours from enrollment.
- No waiting period on subsequent policies of 90-day back-to-back plans.
- Most ACA plans do not cover out-of-network care. Short term health plans with no doctor network restrictions allow consumers to see any doctor or specialist..

The State of Health Insurance

Health care advocacy organization Communicating for America [surveyed](#) nearly 1,000 Americans who either purchase their own health insurance or receive employer-sponsored health insurance. The study found an overall dissatisfaction of health care coverage, even among those who receive access to health insurance through an employer.

- 39% skipped receiving medical care in the last year due to out-of-pocket costs
- 55% believe those that purchase their own health insurance are worse off
- 69% believe the accessibility of health insurance is going in the wrong direction

In Washington D.C., Obamacare is not dead but changes have been made to the Affordable Care Act, giving consumers more freedom to purchase non-qualifying health plans like short term health insurance.

1. As of January 1, 2019, consumers will no longer be penalized on their income taxes for not having an ACA plan.
2. The 90-day coverage duration limit on short term medical plans has been rolled back to 364-days in certain states.

Summary

Short term health insurance can help those left uninsured with a low-cost insurance option. To learn more about Pivot Health short term health plan benefits, contact 866-566-4859.



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A background image showing a woman with long brown hair smiling and holding a small, fluffy, light-colored dog. The image is darkened to allow text to be overlaid.

Core Short Term Medical

Low Deductible Plans Clients Can Afford to Use

For agent use only. Not for distribution.

Product Value and Advantages

Pivot Health Core plans are for healthy individuals who don't want to spend a lot of money buying comprehensive coverage but want protection - just in case. These affordable plans help cover every day medical expenses like doctor office visits and optionally, prescription drug costs, but have more limited coverage for major services like hospital stays and surgeries that might not be needed during the coverage period. This helps tailor health coverage to exactly what is needed and not spend money on services that would most likely not be used.

Advantages of Core Short Term Medical Plans

- Low deductibles and coinsurance maximum for reduced out-of-pocket exposure
- Multiple coverage durations including 90-day, 180-day, 364-day and Pivot Health's trademark back-to-back 90-day policies (4x3) with no premium trending
- One of the largest PPO networks in the nation
- Doctor and specialist copay options
- Prescription drug coverage
- No surgical waiting periods

Affordability of Plans

Short term health insurance is on average about 50% less than Obamacare (ACA) plans or more.

Access to Plans

- First Health PPO network with over 1 million care service locations across the nation
- Only five underwriting questions
- U.S. citizenship not required
- Next day effective dates offered
- Child(ren) only policies available starting at age 6 months

Target Audience

- Hourly workers without access to company benefits
- Children aging off their parent's health insurance plan at 26
- Self-employed individuals in today's "gig" economy
- Workers stuck in an employer's 90-day waiting period
- College students needing coverage while away from home

Growing "Gig" Economy

By 2020 industry experts predict nearly 40% of Americans will have some sort of "gig" job, whether driving for a ride-share service or starting their own business. The average income of these workers makes them ideal candidates for Essential short term health insurance.



Less Out-of-Pocket Exposure

Core plans not only offer lower deductibles and affordable price-points. They also include:

- \$30 doctor office copay and \$60 for Urgent Care or specialist
- \$49 telemedicine video visits from the comfort of home
- Prescription drug benefits with \$10 generics or discount drug options

Multiple Coverage Options

Pivot Health gives insurance brokers an array of coverage duration options.

Depending on your state, pick from:

- 90-days
- 180-days
- 364-days
- Our popular, low-cost "4x3" which is four 90-day plans bundled into consecutive back-to-back coverage

With Pivot Health's Core short term health insurance plans, your clients can have affordable health insurance with lower expenses for everyday medical services compared to ACA coverage or other short term medical plans.

Summary

Core short term health insurance can help those left uninsured with a low-cost insurance option with lower out-of-pocket expenses for every services.

To learn more about Pivot Health short term health plan benefits, contact 866-566-4859.



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A New Kind of Health Insurance

Health care is expensive.
Health insurance doesn't need to be.

Get freedom of choice with PivotCare

-  Affordable plans that can fit any budget
-  Cash benefits for doctor office visits, hospital stays, lab work and more
-  Predictable, easy-to-use benefits for a variety of care
-  One of the nation's largest medical provider networks

PivotCare is a medical insurance plan that empowers you to manage and control your health care.

PivotCare is limited benefit health coverage. Benefits are not intended to cover all medical expenses. Plan benefits vary by state. This is not a Medicare supplement policy. Underwritten by Standard Life and Accident Insurance Company.

THIS IS NOT QUALIFYING HEALTH COVERAGE ("MINIMUM ESSENTIAL COVERAGE") THAT SATISFIES THE HEALTH COVERAGE REQUIREMENT OF THE AFFORDABLE CARE ACT. IF YOU DON'T HAVE MINIMUM ESSENTIAL COVERAGE, YOU MAY OWE AN ADDITIONAL PAYMENT WITH YOUR TAXES.



Advantages of PivotCare

- Affordable insurance that offers variety of benefits at rates that meet any budget
- No insurance deductibles or coinsurance limits to meet
- Includes specific cash payments for both sickness and accidental injuries regardless of other coverages
- No specialist referrals required
- Benefits do not vary - a fixed dollar amount covers both in- and out-of-network providers
- Critical illness coverage for invasive cancer, stroke, heart attack and end-stage kidney failure
- Accidental death and common carrier life insurance benefits also included
- No claim forms are necessary to receive benefits

Extra Benefits Included

- Fracture, burn, dislocation benefits
- Ground and air ambulance benefits
- Mental health and substance abuse coverage
- Discount prescription drug card

First Health PPO Network

First Health is a premier PPO network with superior access to medical providers in urban, suburban and rural markets throughout the country.

- Access to more than 5,000 hospitals, over 90,000 ancillary facilities and over 550,000 professional medical providers at over 1 million health care service locations*
- 96% of the U.S. population has access to a First Health provider within 20 miles* - <http://firsthealth.coventryhealthcare.com/locate-a-provider/>

* Network statistics as of September 2016 First Health Data Warehouse

** Savings shown represent average savings achieved from actual claims data set representative of 12 months of claims history.

Discounts do not account for any savings based on benefit plan design or member responsibility. Actual discounts vary by provider and specific geographic locations.

PivotCare outpatient benefits include:

- Doctor office visits
- Emergency room visits
- Diagnostic lab tests and X-rays
- Ambulance services
- Childhood immunizations
- MRIs

PivotCare inpatient benefits include:

- Hospital stays
- Surgery
- Anesthesia

Added Benefits

Accident and Critical illness Benefits

Critical Illness insurance pays a lump-sum cash benefit if you are diagnosed with a covered illness such as cancer, heart attack or stroke. Its purpose is to provide you extra cash at a time when your finances could be strained by medical or personal bills.



The pre-set dollar amounts listed below are what the insurance plan pays for specific health care services per calendar year. The amount you receive for medical services is the same regardless of where you receive care or how much the provider charges.

	PLAN 1	PLAN 2	PLAN 3	PLAN 4	PLAN 5
PHYSICIAN'S OFFICE VISIT BENEFIT:					
Injury	\$100	\$100	\$120	\$140	\$160
Maximum number of visits per year	2	2	3	3	4
Sickness	\$50	\$50	\$60	\$70	\$80
Maximum number of visits per year	2	2	3	3	4
WELLNESS BENEFITS: Includes childhood immunizations, routine physical, pap test, colorectal screening, prostate screening, and routine mammography.					
Maximum one time per year	\$50	\$75	\$100	\$100	\$125
EMERGENCY ROOM BENEFIT:					
Injury	\$100	\$150	\$200	\$300	\$400
Maximum number of visits per year	2	2	2	2	2
Sickness	\$50	\$75	\$100	\$150	\$200
Maximum number of visits per year	1	1	1	1	1
HOSPITAL BENEFITS:					
Daily Hospital Confinement Benefit:					
Injury	\$1,000	\$2,000	\$3,000	\$4,000	\$6,000
Sickness	\$500	\$1,000	\$1,500	\$2,000	\$3,000
Max Hospital Confinement Benefit Period					
Injury	365 days	365 days	365 days	365 days	365 days
Sickness	365 days	365 days	365 days	365 days	365 days
Hospital Admission Benefit:					
Injury	N/A	N/A	N/A	\$1,000	\$1,500
Sickness	N/A	N/A	N/A	\$500	\$750
Intensive Care Unit Benefit:					
Daily Intensive Care Unit Benefit					
Injury	\$2,000	\$4,000	\$6,000	\$8,000	\$12,000
Sickness	\$1,000	\$2,000	\$3,000	\$4,000	\$6,000
Max Intensive Care Unit Benefit Period					
Injury	30 days	30 days	30 days	30 days	30 days
Sickness	30 days	30 days	30 days	30 days	30 days
OUTPATIENT DIAGNOSTIC X-RAY & LABORATORY PROCEDURES BENEFIT:					
Injury	\$50	\$100	\$150	\$200	\$400
Maximum Number of Test Days	2	2	2	2	2
Sickness	\$25	\$50	\$75	\$100	\$200
Maximum Number of Test Days	2	2	2	2	2

	PLAN 1	PLAN 2	PLAN 3	PLAN 4	PLAN 5
AMBULATORY SURGICAL CENTER BENEFIT:					
Injury	\$100/Day	\$150 / Day	\$200 /Day	\$300 / Day	\$400/ Day
Sickness	\$50/Day	\$75/ Day	\$100 / Day	\$150 / Day	\$200 /Day
SURGICAL AND ANESTHESIA BENEFIT:					
Surgery Benefit:	\$500 / Day	\$1,000 / Day	\$1,000 / Day	\$1,000 / Day	\$1,500 / Day
Anesthesia Benefit	\$100/Visit	\$200 / Visit	\$200 / Visit	\$200 / Visit	\$300 / Visit
AMBULANCE BENEFIT:					
Ground Ambulance Benefit					
Injury	\$200	\$250	\$300	\$300	\$400
Maximum Number of Days	2 per year	2 per year	2 per year	2 per year	2 per year
Sickness	\$100	\$125	\$150	\$150	\$200
Maximum Number of Days	2 per year	2 per year	2 per year	2 per year	2 per year
Air Ambulance Benefit					
Injury	\$2,000	\$2,000	\$2,000	\$3,000	\$4,000
Maximum Number of Days	2 per year	2 per year	2 per year	2 per year	2 per year
Sickness	\$1,000	\$1,000	\$1,000	\$1,500	\$2,000
Maximum Number of Days	2 per year	2 per year	2 per year	2 per year	2 per year
CONTINUOUS CARE BENEFIT: Continuous Care refers to care received in Skilled Nursing Facility, Rehabilitation Facility, Rehabilitation Unit or Home Health Care or Hospice care that follows discharge from a hospital and is continued treatment of the condition requiring the hospital confinement.					
Daily Benefit					
Injury	\$500	\$1,000	\$1,000	\$1,000	\$1,000
Sickness	\$250	\$500	\$500	\$500	\$500
Max Continuous Care Benefit Period					
Injury	30 days	30 days	30 days	30 days	30 days
Sickness	30 days	30 days	30 days	30 days	30 days
INPATIENT MENTAL OR NERVOUS DISORDER BENEFIT:					
Inpatient Benefit	\$100	\$150	\$150	\$200	\$300
Maximum Number of Days	30 days	30 days	30 days	30 days	30 days
INPATIENT SUBSTANCE ABUSE BENEFIT:					
Inpatient Benefit	\$100	\$150	\$150	\$200	\$300
Maximum Number of Days	30 days	30 days	30 days	30 days	30 days

Individual Limited Medical Rates (Most States)

Monthly Attained Age Premium Rates

INDIVIDUAL (with \$15 monthly Admin Fee)

AGE	PLAN 1	PLAN 2	PLAN 3	PLAN 4	PLAN 5
18-39	\$62.00	\$89.00	\$111.00	\$135.00	\$193.00
40-44	\$77.00	\$117.00	\$146.00	\$182.00	\$261.00
45-49	\$88.00	\$134.00	\$169.00	\$212.00	\$302.00
50-54	\$104.00	\$161.00	\$203.00	\$258.00	\$368.00
55-59	\$120.00	\$187.00	\$237.00	\$304.00	\$433.00
60-64	\$147.00	\$234.00	\$299.00	\$387.00	\$553.00

INDIVIDUAL + SPOUSE (with \$15 monthly Admin Fee)

AGE	PLAN 1	PLAN 2	PLAN 3	PLAN 4	PLAN 5
18-39	\$103.00	\$158.00	\$202.00	\$250.00	\$366.00
40-44	\$134.00	\$212.00	\$271.00	\$343.00	\$499.00
45-49	\$154.00	\$246.00	\$314.00	\$401.00	\$581.00
50-54	\$185.00	\$298.00	\$383.00	\$492.00	\$711.00
55-59	\$219.00	\$353.00	\$453.00	\$588.00	\$847.00
60-64	\$276.00	\$452.00	\$583.00	\$765.00	\$1,099.00

INDIVIDUAL + CHILD(REN) (with \$15 monthly Admin Fee)

AGE	PLAN 1	PLAN 2	PLAN 3	PLAN 4	PLAN 5
18-39	\$113.00	\$172.00	\$223.00	\$276.00	\$401.00
40-44	\$133.00	\$206.00	\$267.00	\$334.00	\$485.00
45-49	\$139.00	\$216.00	\$279.00	\$351.00	\$509.00
50-54	\$150.00	\$234.00	\$303.00	\$384.00	\$555.00
55-59	\$160.00	\$252.00	\$326.00	\$416.00	\$599.00
60-64	\$186.00	\$298.00	\$386.00	\$499.00	\$717.00

INDIVIDUAL + FAMILY (with \$15 monthly Admin Fee)

AGE	PLAN 1	PLAN 2	PLAN 3	PLAN 4	PLAN 5
18-39	\$165.00	\$258.00	\$338.00	\$421.00	\$619.00
40-44	\$201.00	\$320.00	\$418.00	\$528.00	\$773.00
45-49	\$217.00	\$346.00	\$451.00	\$572.00	\$835.00
50-54	\$240.00	\$385.00	\$502.00	\$642.00	\$933.00
55-59	\$266.00	\$429.00	\$556.00	\$718.00	\$1,038.00
60-64	\$319.00	\$521.00	\$677.00	\$883.00	\$1,274.00

Rates based on actual age of Primary Insured. Maximum Issue age may vary by State
Maximum Issue age may vary by State

An additional \$20 enrollment fee is separate from the rates

Missouri Individual Limited Medical Rates

Monthly Attained Age Premium Rates

INDIVIDUAL (with \$15 monthly Admin Fee)

AGE	PLAN 1	PLAN 2	PLAN 3	PLAN 4	PLAN 5
18-39	\$61.00	\$88.00	\$109.00	\$133.00	\$191.00
40-44	\$76.00	\$115.00	\$144.00	\$179.00	\$257.00
45-49	\$86.00	\$132.00	\$165.00	\$208.00	\$298.00
50-54	\$102.00	\$158.00	\$200.00	\$254.00	\$364.00
55-59	\$118.00	\$184.00	\$233.00	\$300.00	\$428.00
60-64	\$145.00	\$231.00	\$295.00	\$384.00	\$548.00

INDIVIDUAL + SPOUSE (with \$15 monthly Admin Fee)

AGE	PLAN 1	PLAN 2	PLAN 3	PLAN 4	PLAN 5
18-39	\$101.00	\$155.00	\$198.00	\$246.00	\$361.00
40-44	\$131.00	\$208.00	\$266.00	\$337.00	\$492.00
45-49	\$151.00	\$241.00	\$308.00	\$394.00	\$573.00
50-54	\$182.00	\$293.00	\$376.00	\$485.00	\$703.00
55-59	\$215.00	\$348.00	\$446.00	\$581.00	\$838.00
60-64	\$272.00	\$447.00	\$577.00	\$758.00	\$1,090.00

INDIVIDUAL + CHILD(REN) (with \$15 monthly Admin Fee)

AGE	PLAN 1	PLAN 2	PLAN 3	PLAN 4	PLAN 5
18-39	\$108.00	\$164.00	\$213.00	\$265.00	\$388.00
40-44	\$127.00	\$197.00	\$255.00	\$322.00	\$470.00
45-49	\$133.00	\$207.00	\$268.00	\$340.00	\$494.00
50-54	\$144.00	\$226.00	\$292.00	\$373.00	\$541.00
55-59	\$155.00	\$244.00	\$315.00	\$406.00	\$586.00
60-64	\$181.00	\$291.00	\$377.00	\$489.00	\$705.00

INDIVIDUAL + FAMILY (with \$15 monthly Admin Fee)

AGE	PLAN 1	PLAN 2	PLAN 3	PLAN 4	PLAN 5
18-39	\$158.00	\$247.00	\$324.00	\$407.00	\$602.00
40-44	\$193.00	\$307.00	\$402.00	\$511.00	\$752.00
45-49	\$208.00	\$334.00	\$434.00	\$556.00	\$815.00
50-54	\$232.00	\$374.00	\$486.00	\$626.00	\$913.00
55-59	\$258.00	\$418.00	\$541.00	\$703.00	\$1,020.00
60-64	\$312.00	\$511.00	\$663.00	\$869.00	\$1,256.00

Rates based on actual age of Primary Insured

An additional \$20 enrollment fee is separate from the rates

Montana Individual Limited Medical Rates

Monthly Attained Age Premium Rates

INDIVIDUAL (with \$15 monthly Admin Fee)

AGE	PLAN 1	PLAN 2	PLAN 3	PLAN 4	PLAN 5
18-39	\$83.00	\$130.00	\$167.00	\$211.00	\$307.00
40-44	\$83.00	\$125.00	\$160.00	\$201.00	\$288.00
45-49	\$92.00	\$139.00	\$177.00	\$223.00	\$320.00
50-54	\$107.00	\$165.00	\$210.00	\$267.00	\$383.00
55-59	\$122.00	\$191.00	\$243.00	\$313.00	\$447.00
60-64	\$149.00	\$237.00	\$304.00	\$395.00	\$564.00

INDIVIDUAL + SPOUSE (with \$15 monthly Admin Fee)

AGE	PLAN 1	PLAN 2	PLAN 3	PLAN 4	PLAN 5
18-39	\$147.00	\$243.00	\$320.00	\$409.00	\$605.00
40-44	\$145.00	\$229.00	\$299.00	\$380.00	\$554.00
45-49	\$161.00	\$255.00	\$331.00	\$423.00	\$615.00
50-54	\$190.00	\$305.00	\$395.00	\$510.00	\$739.00
55-59	\$223.00	\$360.00	\$465.00	\$605.00	\$873.00
60-64	\$279.00	\$457.00	\$592.00	\$779.00	\$1,120.00

INDIVIDUAL + CHILD(REN) (with \$15 monthly Admin Fee)

AGE	PLAN 1	PLAN 2	PLAN 3	PLAN 4	PLAN 5
18-39	\$141.00	\$225.00	\$299.00	\$381.00	\$560.00
40-44	\$141.00	\$220.00	\$290.00	\$368.00	\$537.00
45-49	\$145.00	\$225.00	\$296.00	\$376.00	\$547.00
50-54	\$154.00	\$242.00	\$317.00	\$405.00	\$588.00
55-59	\$164.00	\$259.00	\$338.00	\$435.00	\$628.00
60-64	\$189.00	\$304.00	\$397.00	\$515.00	\$743.00

INDIVIDUAL + FAMILY (with \$15 monthly Admin Fee)

AGE	PLAN 1	PLAN 2	PLAN 3	PLAN 4	PLAN 5
18-39	\$212.00	\$347.00	\$465.00	\$596.00	\$882.00
40-44	\$215.00	\$343.00	\$456.00	\$582.00	\$856.00
45-49	\$227.00	\$361.00	\$477.00	\$611.00	\$895.00
50-54	\$248.00	\$397.00	\$523.00	\$673.00	\$982.00
55-59	\$272.00	\$439.00	\$575.00	\$746.00	\$1,083.00
60-64	\$324.00	\$530.00	\$693.00	\$907.00	\$1,312.00

Rates based on actual age of Primary Insured

An additional \$20 enrollment fee is separate from the rates

South Dakota Individual Limited Medical Rates

Monthly Attained Age Premium Rates

INDIVIDUAL (with \$15 monthly Admin Fee)

AGE	PLAN 1	PLAN 2	PLAN 3	PLAN 4	PLAN 5
18-39	\$58.00	\$83.00	\$103.00	\$125.00	\$178.00
40-44	\$73.00	\$109.00	\$136.00	\$169.00	\$240.00
45-49	\$82.00	\$124.00	\$156.00	\$195.00	\$278.00
50-54	\$97.00	\$149.00	\$188.00	\$238.00	\$339.00
55-59	\$111.00	\$173.00	\$218.00	\$280.00	\$398.00
60-64	\$136.00	\$216.00	\$276.00	\$357.00	\$509.00

INDIVIDUAL + SPOUSE (with \$15 monthly Admin Fee)

AGE	PLAN 1	PLAN 2	PLAN 3	PLAN 4	PLAN 5
18-39	\$96.00	\$147.00	\$187.00	\$231.00	\$337.00
40-44	\$124.00	\$196.00	\$251.00	\$316.00	\$459.00
45-49	\$143.00	\$227.00	\$290.00	\$369.00	\$534.00
50-54	\$172.00	\$275.00	\$353.00	\$453.00	\$654.00
55-59	\$202.00	\$326.00	\$417.00	\$541.00	\$778.00
60-64	\$255.00	\$416.00	\$537.00	\$703.00	\$1,009.00

INDIVIDUAL + CHILD(REN) (with \$15 monthly Admin Fee)

AGE	PLAN 1	PLAN 2	PLAN 3	PLAN 4	PLAN 5
18-39	\$105.00	\$159.00	\$206.00	\$254.00	\$368.00
40-44	\$124.00	\$190.00	\$247.00	\$308.00	\$446.00
45-49	\$129.00	\$199.00	\$257.00	\$323.00	\$467.00
50-54	\$139.00	\$216.00	\$280.00	\$354.00	\$511.00
55-59	\$149.00	\$233.00	\$300.00	\$383.00	\$551.00
60-64	\$172.00	\$275.00	\$356.00	\$459.00	\$660.00

INDIVIDUAL + FAMILY (with \$15 monthly Admin Fee)

AGE	PLAN 1	PLAN 2	PLAN 3	PLAN 4	PLAN 5
18-39	\$153.00	\$238.00	\$311.00	\$388.00	\$570.00
40-44	\$186.00	\$295.00	\$385.00	\$486.00	\$711.00
45-49	\$200.00	\$319.00	\$415.00	\$526.00	\$767.00
50-54	\$221.00	\$355.00	\$461.00	\$590.00	\$856.00
55-59	\$245.00	\$395.00	\$511.00	\$660.00	\$954.00
60-64	\$294.00	\$480.00	\$623.00	\$812.00	\$1,170.00

Rates based on actual age of Primary Insured

An additional \$20 enrollment fee is separate from the rates

Tennessee Individual Limited Medical Rates

Monthly Attained Age Premium Rates

INDIVIDUAL (lwith \$15 monthly Admin Fee)

AGE	PLAN 1	PLAN 2	PLAN 3	PLAN 4	PLAN 5
18-39	\$61.00	\$89.00	\$111.00	\$134.00	\$192.00
40-44	\$77.00	\$116.00	\$146.00	\$181.00	\$260.00
45-49	\$88.00	\$134.00	\$168.00	\$211.00	\$301.00
50-54	\$104.00	\$160.00	\$203.00	\$257.00	\$367.00
55-59	\$120.00	\$187.00	\$236.00	\$303.00	\$432.00
60-64	\$147.00	\$233.00	\$298.00	\$386.00	\$551.00

INDIVIDUAL + SPOUSE (with \$15 monthly Admin Fee)

AGE	PLAN 1	PLAN 2	PLAN 3	PLAN 4	PLAN 5
18-39	\$102.00	\$157.00	\$201.00	\$249.00	\$364.00
40-44	\$133.00	\$211.00	\$271.00	\$341.00	\$497.00
45-49	\$153.00	\$245.00	\$314.00	\$399.00	\$579.00
50-54	\$185.00	\$297.00	\$382.00	\$491.00	\$710.00
55-59	\$218.00	\$352.00	\$452.00	\$587.00	\$845.00
60-64	\$275.00	\$451.00	\$582.00	\$763.00	\$1,096.00

INDIVIDUAL + CHILD(REN) (with \$15 monthly Admin Fee)

AGE	PLAN 1	PLAN 2	PLAN 3	PLAN 4	PLAN 5
18-39	\$112.00	\$170.00	\$221.00	\$273.00	\$397.00
40-44	\$132.00	\$204.00	\$265.00	\$331.00	\$482.00
45-49	\$138.00	\$214.00	\$278.00	\$349.00	\$505.00
50-54	\$149.00	\$232.00	\$302.00	\$382.00	\$552.00
55-59	\$159.00	\$250.00	\$324.00	\$414.00	\$596.00
60-64	\$185.00	\$296.00	\$385.00	\$496.00	\$714.00

INDIVIDUAL + FAMILY (with \$15 monthly Admin Fee)

AGE	PLAN 1	PLAN 2	PLAN 3	PLAN 4	PLAN 5
18-39	\$164.00	\$255.00	\$335.00	\$417.00	\$614.00
40-44	\$200.00	\$317.00	\$416.00	\$524.00	\$768.00
45-49	\$215.00	\$343.00	\$448.00	\$569.00	\$831.00
50-54	\$239.00	\$383.00	\$499.00	\$639.00	\$929.00
55-59	\$265.00	\$426.00	\$553.00	\$714.00	\$1,034.00
60-64	\$318.00	\$519.00	\$674.00	\$879.00	\$1,269.00

Rates based on actual age of Primary Insured

An additional \$20 enrollment fee is separate from the rates

Virginia Individual Limited Medical Rates

Monthly Attained Age Premium Rates

INDIVIDUAL (with \$15 monthly Admin Fee)

AGE	PLAN 1	PLAN 2	PLAN 3	PLAN 4	PLAN 5
18-39	\$57.00	\$82.00	\$102.00	\$123.00	\$175.00
40-44	\$69.00	\$105.00	\$132.00	\$161.00	\$233.00
45-49	\$77.00	\$118.00	\$150.00	\$184.00	\$266.00
50-54	\$89.00	\$140.00	\$179.00	\$221.00	\$322.00
55-59	\$100.00	\$161.00	\$206.00	\$256.00	\$374.00
60-64	\$120.00	\$199.00	\$259.00	\$324.00	\$475.00

INDIVIDUAL + SPOUSE (with \$15 monthly Admin Fee)

AGE	PLAN 1	PLAN 2	PLAN 3	PLAN 4	PLAN 5
18-39	\$94.00	\$144.00	\$184.00	\$226.00	\$332.00
40-44	\$117.00	\$189.00	\$243.00	\$302.00	\$445.00
45-49	\$132.00	\$216.00	\$279.00	\$347.00	\$512.00
50-54	\$155.00	\$258.00	\$336.00	\$420.00	\$620.00
55-59	\$178.00	\$301.00	\$393.00	\$493.00	\$729.00
60-64	\$220.00	\$381.00	\$501.00	\$633.00	\$939.00

INDIVIDUAL + CHILD(REN) (with \$15 monthly Admin Fee)

AGE	PLAN 1	PLAN 2	PLAN 3	PLAN 4	PLAN 5
18-39	\$103.00	\$156.00	\$203.00	\$249.00	\$363.00
40-44	\$119.00	\$185.00	\$241.00	\$298.00	\$436.00
45-49	\$122.00	\$192.00	\$250.00	\$310.00	\$453.00
50-54	\$130.00	\$207.00	\$270.00	\$335.00	\$492.00
55-59	\$136.00	\$220.00	\$287.00	\$357.00	\$524.00
60-64	\$155.00	\$257.00	\$338.00	\$424.00	\$624.00

INDIVIDUAL + FAMILY (with \$15 monthly Admin Fee)

AGE	PLAN 1	PLAN 2	PLAN 3	PLAN 4	PLAN 5
18-39	\$150.00	\$234.00	\$307.00	\$381.00	\$561.00
40-44	\$178.00	\$286.00	\$376.00	\$469.00	\$693.00
45-49	\$188.00	\$305.00	\$402.00	\$501.00	\$741.00
50-54	\$204.00	\$336.00	\$442.00	\$553.00	\$819.00
55-59	\$220.00	\$369.00	\$485.00	\$609.00	\$902.00
60-64	\$259.00	\$443.00	\$586.00	\$740.00	\$1,097.00

Rates based on actual age of Primary Insured

An additional \$20 enrollment fee is separate from the rates

What is a Waiting Period Limitation?

If you suffer from a sickness, mental or nervous disorder or substance abuse, treatment or medical care will not be covered during the first 30 days after the effective date for each Covered Person under the policy. Medical care for an accident is covered immediately following the effective date.

What is a Pre-Existing Condition Limitation?

A pre-existing condition limitation occurs when you have already received medical advice, testing, care, medication, diagnosis or treatment for a specific condition from a physician prior to enrollment in a PivotCare plan. Loss caused by or relating to the pre-existing condition is not covered for the first 12 months after the effective date of each Covered Person. A pregnancy that was conceived prior to the effective date is also considered a pre-existing condition.

No coverage shall be provided and no benefits will be paid for any loss resulting in whole or in part from, or contributed to, or as a natural and probable consequence of any of the following:

- a. Suicide or any attempt at suicide or intentionally self-inflicted injury or any attempt at intentionally self-inflicted injury or any act of auto-eroticism, while sane or insane;
- b. Travel or flight in or on (including getting in or out of, or on or off of) any vehicle used for aerial navigation, if the Covered Person is:
 - 1. riding as a passenger in any aircraft not intended or licensed for the transportation of passengers;
 - 2. performing, learning to perform or instructing others to perform as a pilot or crew member of any aircraft; or
 - 3. riding as a passenger in an aircraft owned, leased or operated by the Covered Person's employer;
- c. Declared or undeclared war, or any act of declared or undeclared war;
- d. Full-time active duty in the armed forces, National Guard or organized reserve corps of any country or international authority. (Unearned premium for any period for which the Covered Person is not covered due to his/her active duty status will be refunded. Loss caused while on short-term National Guard or reserve duty for regularly scheduled training purposes is not excluded.);
- e. The Covered Person's being intoxicated (defined as blood alcohol concentration equal to or in excess of .08 gms/dl blood alcohol). This applies whether or not the Covered Person is charged with any violation in connection with a loss and there is no need to prove a loss was caused, contributed to, or resulted from the excessive blood alcohol concentration;
- f. The Covered Person's: a) voluntary use of illegal drugs; b) the intentional taking of over the counter medication not in accordance with recommended dosage and warning instructions; and c) intentional misuse of prescription drugs;
- g. The Covered Person's commission of or attempt to commit a felony;
- h. The Covered Person being engaged in an illegal occupation;
- i. Services and supplies which are not medically necessary to treat a covered loss (other than as stated in the Wellness and Preventive Care Benefit);
- j. Services and supplies which are received without charge or legal obligation to pay or would not normally be paid in the absence of insurance;
- k. Services and supplies which are received outside of the United States of America, its possessions and territories;
- l. Dental care or treatment unless due to an injury to a sound and natural tooth;
- m. Cosmetic surgery or reconstructive surgery, including breast reduction and surgery to repair, replace, or remove breast implants; however, this Exception does not apply when surgery is required:
 - a. To repair a birth defect of a child born to you and continuously covered under your policy from birth; or
 - b. For reconstructive surgery following a covered mastectomy.
- n. Any covered loss that is covered under any state or federal Worker's Compensation, Policyholder's Liability law or similar law;
- o. Any mental or nervous disorder or substance abuse unless such coverage is expressly provided herein;
- p. Any procedure for refractive correction, eye refraction or the purchase or fitting of vision or hearing aids, cochlear implants and related devices;
- q. Pregnancy or maternity unless such coverage is expressly provided herein. Complications of Pregnancy are not excluded;
- r. Participating in hazardous occupations or other activity including participating, instructing, demonstrating, guiding or accompanying others in the following: professional or semi-professional sports, extreme sports, organized body contact sports, parachute jumping, hot-air ballooning, hang-gliding, base jumping, mountain climbing, bungee jumping, scuba diving, sail gliding, parasailing, parakiting, rock or mountain climbing, cave exploration, parkour, racing including stunt show or speed test of any motorized or nonmotorized vehicle, rodeo activities, or similar hazardous activities. Also excluded is injury received while practicing, exercising, undergoing conditional or physical preparation for such activity;
- s. A custodial institution, domiciliary care or rest cures;
- t. Weight reduction or treatment of obesity, including exogenous, endogenous or morbid obesity; or
- u. Diagnosis or treatment (including surgery) of sexual dysfunctional disorders or inadequacy, or transsexual surgery.

State	Policy Form Number	Differences																		
Georgia	SL-VERSEP12-GA	See Georgia state-specific brochure for more information.																		
Illinois	SL-VERSEP12-IL	Revised exclusion a. “Suicide or any attempt at suicide or intentionally self-inflicted injury or any attempt at intentionally self-inflicted while sane or insane.” Revised exclusion e. “The Covered Person’s being intoxicated, which is defined and determined by the laws of the jurisdiction where the loss or cause of the loss was incurred. This applies whether or not the Covered Person is charged with any violation in connection with a loss and there is no need to prove a loss was caused by or resulted from the Covered Person being intoxicated”																		
Indiana	SL-VERSEP12-IN	Revised exclusion e. “The Covered Person’s being intoxicated”																		
Kansas	SL-VERSEP12-KS	Preventive care is included with wellness benefit. Inpatient substance abuse and mental illness benefits are revised and outlined below. No waiting period limitation. Revised exclusion n. “Benefits are not provided for illness or injury related to Covered Person’s job to the extent Covered Person is covered or required to be covered by Workers Compensation law. If Covered Person enters into a settlement giving up the right to recover future medical benefits under Workers Compensation law, this policy will not pay those medical benefits that would have been payable in the absence of settlement.” Revised cancellation policy: “Cancellation of policy made at any time by written notice to Company, effective upon the receipt of written notice or on a later date as specified by written notice. In the event of cancellation or death, Company returns unearned portion of premium paid. Unearned premium will be refunded on a pro rata basis beginning upon the date of Covered Person’s death or date of cancellation of policy. Cancellation will be without prejudice to any claim originating prior to the effective date of cancellation.” General anesthetic benefit - dental care: Up to \$200 per day, 2 times a year Prostate cancer screening benefit: \$30 per day, 1 time per year Diabetes benefit: \$30 per calendar year Breast reconstruction: Lifetime maximum benefit of \$250 per Covered Person Mammography: \$30 per test day Pap smear: \$30 per test day Osteoporosis: \$30 per calendar year Inpatient mental illness, alcoholism, drug abuse and substance use disorders benefits <table><tr><td></td><td>Plan 1</td><td>Plan 2</td><td>Plan 3</td><td>Plan 4</td><td>Plan 5</td></tr><tr><td>Substance abuse</td><td>\$100/day</td><td>\$150/day</td><td>\$200/day</td><td>\$250/day</td><td>\$300/day</td></tr><tr><td>Mental illness</td><td>\$100/day</td><td>\$150/day</td><td>\$200/day</td><td>\$250/day</td><td>\$300/day</td></tr></table> Minimum benefit for treatment of mental illness: 45 days per calendar year Minimum benefit for treatment of alcoholism, drug abuse or substance abuse disorders: 30 days per calendar year Lifetime maximum for outpatient treatment of mental illness, alcoholism, drug abuse or substance use disorders: \$15,000 per Covered Person		Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Substance abuse	\$100/day	\$150/day	\$200/day	\$250/day	\$300/day	Mental illness	\$100/day	\$150/day	\$200/day	\$250/day	\$300/day
	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5															
Substance abuse	\$100/day	\$150/day	\$200/day	\$250/day	\$300/day															
Mental illness	\$100/day	\$150/day	\$200/day	\$250/day	\$300/day															
Missouri	SL-VERSEP12-MO	No waiting period limitation. Wellness and Preventive Services are not available Common carrier life insurance benefits are not available Revised exclusion i. “Services and supplies that are not medically necessary to treat a covered loss.” Exclusion o. has been struck from the state of Missouri’s exclusions and limitations. Revised exclusion p. “Pregnancy or maternity: Complications of pregnancy are not excluded.”																		
Montana	SL-VERSEP12-MT	No waiting period limitation. f. “The Covered Person’s commission of or attempt to commit a felony” is not applicable in Montana. i. “Services and supplies which are not medically necessary to treat a covered loss (other than as stated in the Wellness and Preventive Care benefit) is not applicable in Montana.																		

State	Policy Form Number	Differences
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q. "Pregnancy or maternity unless such coverage is expressly provided herein. Complications of pregnancy are not excluded." is not applicable in Montana.

Addition: Severe mental illness

Plan 1	Plan 2	Plan 3	Plan 4	Plan 5
\$50/day 2 times a year	\$50/day 2 times a year	\$60/day 3 times a year	\$70/day 3 times a year	\$80/day 4 times a year

Addition: "All of the policy's benefits are fixed amounts and are not subject to medical inflation. Therefore, the Company does not anticipate any increases in premium due to medical inflation."

Nebraska	SL-VERSEP12-NE	Revised exclusion: e. "A loss sustained or contracted in consequence of the Covered Person's being legally intoxicated or under the influence of narcotics unless administered on the advice of a physician."
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Nevada	SL-VERSEP12-NV	Intoxication and illegal drug exclusion does not apply.
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North Carolina	SL-VERSEP12-NC	Revised exclusion: c. "Declared or undeclared war, or any act of declared or undeclared war, but does not include an act of terrorism" Revised exclusion l. "This exclusion does not apply to procedures involving any bone or joint of the jaw, face or head, so long as the procedure is medically necessary to treat a condition which prevents normal functioning of the particular bone or joint involved and the condition is caused by congenital deformity, disease or traumatic injury." Revised exclusion n. "Services or supplies for the treatment of an occupational injury or sickness which are paid under the North Carolina Worker's Compensation Act only to the extent such services or supplies are the liability of the employer or worker's compensation insurance carrier according to a final adjudication under the North Carolina Worker's Compensation Act or an order of the North Carolina Industrial Commission approving a settlement agreement under the North Carolina Worker's Compensation Act." Revised exclusion o. "Treatment of any mental or nervous disorder or substance abuse unless such coverage is expressly provided herein"
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Ohio	SL-VERSEP12-OH	Revised exclusion i. "The Covered Person receiving treatment that is not medically necessary to treat a covered loss (other than as stated in the Wellness and Preventive Care Benefit)" Revised exclusion j. "The Covered Person's treatment received without charge or legal obligation to pay or would not normally be paid in the absence of insurance" Revised exclusion k. "A Covered Person's treatment received outside of the United States of America, its possessions and territories" Revised exclusion q. "Pregnancy or maternity. Complications of pregnancy are not excluded" Revised Renewability: The policy is guaranteed renewable to age 65 which means you have the right to continue the policy in force subject to certain termination provisions. Premiums are subject to change as stated in the policy. If premiums are changed, the Company will provide appropriate notice as required by your state. The policy contains a 31-day grace period in which to pay premiums. The policy stays in force during the grace period.
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Oklahoma	SL-VERSEP12-OK	Revised exclusion c. "Declared or undeclared war, or any act of declared or undeclared war when serving in the military or an auxiliary unit thereto" Revised exclusion e. "The Covered Person's being under the influence of any narcotic, unless administered on the advice a doctor" Revised exclusion f. "The Covered Person's drug addiction" Revised exclusion m. "a. To correct damage for a covered injury or sickness; b. To repair a birth defect of a covered dependent child that has resulted in a functional defect; or c. For reconstructive surgery incidental to or following surgery resulting from trauma, infection or other diseases of the involved part." Exclusion r. does not apply for the state of Oklahoma.
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Pennsylvania	SL-VERSEP12-PA	Cover: BENEFITS PROVIDED ARE SUPPLEMENTAL AND ARE NOT INTENDED TO COVER ALL MEDICAL EXPENSES, AND IT IS NOT A MAJOR MEDICAL OR COMPREHENSIVE HEALTHCARE POLICY. Revised exclusion a. "Suicide or any attempt at suicide or intentionally self-inflicted injury" Revised exclusion b. "Any occupation that includes the piloting or aerial navigation of an airplane or other aerial or flying device or machine" Revised exclusion c. "Act of war whether declared or undeclared if the Covered Person is on active duty as a crew member of the armed forces of any nation"
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State	Policy Form Number	Differences
		Revised exclusion d. “Full-time active duty in the armed forces, National Guard or organized reserve corps of any country or international authority. (Unearned premium for any period for which the Covered Person is not covered due to his/her active duty status will be refunded. Loss caused while on short-term National Guard or reserve duty for regularly scheduled training purposes is not excluded.) Upon receipt of a written request, we will refund premiums on a pro rata basis to any Covered Person to whom this exclusion applies subsequent to that Covered Person’s effective date of coverage under this policy” Revised exclusion e. “The Covered Person’s being intoxicated or under the influence of any narcotic unless administered on the advice of a physician. The term “intoxicated” refers to that condition as defined by law and decisions of the jurisdiction in which the accident, cause of loss, or loss occurred.” Revised exclusion f. “Participation in a riot or insurrection, the commission of or attempt to commit a felony, or being engaged in an illegal occupation”
South Carolina	SL-VERSEP12-SC	Addition: “Accident Only Coverage — Policies of this category are designed to provide, to persons insured, coverage for certain losses resulting from a covered accident ONLY, subject to any limitations contained in the policy. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses due to sickness. Accident and Sickness Coverage — Policies of this category are designed to provide, to persons insured, coverage for: a. certain losses resulting from a covered accident; AND b. coverage for basic hospital, basic medical-surgical, or major medical expenses due to sickness subject to any limitations contained in the policy.”
South Dakota	SL-VERSEP12-SD	Cover: “THIS IS A LIMITED HEALTH BENEFITS PLAN WHICH DOES NOT PROVIDE COMPREHENSIVE MEDICAL COVERAGE AND IS NOT INTENDED TO COVER ALL MEDICAL EXPENSES. THIS PLAN IS NOT DESIGNED TO COVER THE COSTS OF SERIOUS OR CHRONIC ILLNESS.” Revised exclusion e. “The Covered Person’s being intoxicated (defined as blood alcohol concentration equal to or in excess of .08 gms/dl blood alcohol), if such action or actions result in the commission of a felony” Revised exclusion f. “The Covered Person’s: a) voluntary use of illegal drugs; b) the intentional taking of over the counter medication not in accordance with recommended dosage and warning instructions; and c) intentional misuse of prescription drugs, if such action or actions result in the commission of a felony” Deleted exclusion h., “The Covered Person being engaged in illegal occupation” Revised exclusion m. “Any covered loss for which a claim is paid under any state or federal Worker’s Compensation, Policyholder’s Liability law or similar law”
Tennessee	SL-VERSEP12-TN	Dislocation, fracture and burn benefits not available.
Texas	SL-VERSEP12-TX	Revised exclusion e. and f. “Any loss sustained or contracted in consequence of the Covered Person being intoxicated or under the influence of any narcotic unless the narcotic is administered on the advice of a physician”
Virginia	SL-VERSEP12-VA	Cover: “NOTICE: HOSPITAL CONFINEMENT INDEMNITY COVERAGE IS DESIGNED TO SUPPLEMENT, NOT COVER ALL MEDICAL EXPENSES. IT IS NOT A MAJOR MEDICAL OR COMPREHENSIVE HEALTHCARE POLICY. PLEASE READ CAREFULLY! Hospital Confinement - Accident, Maximum Number of Days: 365, Hospital Confinement - Illness, Maximum Number of Days: 365 Intensive Care - Accident, Maximum Number of Days - 30, Intensive Care - Illness, Maximum Number of Days - 30 Continuous Care - Accident, Maximum Number of Days - 30, Continuous Care - Sickness, Maximum Number of Days - 30 Substance Abuse, Maximum Number of Days - 30 Mental Illness, Maximum Number of Days - 30 Dislocation, fracture and burn benefits not available. Critical illness benefit not available. Waiting Period Limitation: “Loss caused by or relating to sickness will not be covered for the first 30 days after the effective date of each Covered Person.” Revised exclusion a. “Suicide (sane or insane), attempted suicide or intentionally self-inflicted injury” Revised exclusion b. “Piloting or co-piloting a vehicle used for aerial navigation” Revised exclusion e. “Alcoholism or drug addiction unless such coverage is expressly provided herein” Revised exclusion f. “The Covered Person being drunk (legal intoxication as defined by the state), or under the influence of any narcotic unless taken on the advice of a physician” Revised exclusion m. “a. To repair a birth defect of a child born to you or; b. For reconstructive surgery when such service is incidental to or follows surgery resulting from trauma, infection or other diseases of the involved part” Revised exclusion n. “Any covered loss that is covered in a government hospital, benefits provided under Medicare or other governmental program (except Medicaid), any state or federal worker’s’ compensation, employer’s liability or occupational disease law, or any motor vehicle no-fault law”

State	Policy Form Number	Differences
		Revised exclusion q. "Pregnancy or maternity except for: a. Complications of pregnancy; and b. Pregnancy following an act of rape of a Covered Person, which was reported to the police within seven days following its occurrence. The 7-day requirement shall be extended to 180 days in the case of an act of rape or incest of a female under 13 years of age" Exclusion r. deleted, "Participating in hazardous occupations ..." Exclusions t. and u. do not apply in the state of Virginia. Revised Renewability: "The policy is guaranteed renewable, to the later age of 75 of the Policyholder OR of the Policyholder's covered spouse. This means that the policyholder has the right to continue the policy in force to age 75, subject to certain termination provisions contained in the policy. Premiums are subject to change as stated in the policy. If premiums are changed, the Company will provide appropriate notice as required by your state. The policy contains a 31 day grace period in which to pay premiums. The policy stays in force during the grace period."
West Virginia	SL-VERSEP12-WV	Cover: "This is a supplement to health insurance and is not a substitute for major medical coverage. Lack of major medical coverage (or other minimum essential coverage) may result in an additional payment with your taxes."

About Standard Life and Accident Insurance Company

Standard Life and Accident was founded to provide clients in the individual market with realistic life and health products that solve their needs for financial security. Today, Standard Life has expanded to provide protection for both large and small groups in the Worksite market offering competitive Accident, Cancer, Critical Illness, Group Term Life, Limited Medical and Short-Term Disability products.

Marketed by



PivotHealth is a leader in offering you choices and flexibility that pivot with your insurance needs over time.



Agent Overview

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Limited Benefit Health Insurance

Health care is expensive.
Health insurance doesn't need to be.

Get freedom of choice with
PivotCare Economy

-  Affordable plans that can fit any budget
-  Cash benefits for doctor office visits, hospital stays, lab work and more
-  Predictable, easy-to-use benefits for a variety of care
-  One of the nation's largest medical provider networks

PivotCare Economy is a limited benefit health insurance plan that empowers you to manage and control your health care.

PivotCare is limited benefit health coverage. Benefits are not intended to cover all medical expenses. Plan benefits vary by state. This is not a Medicare supplement policy. Underwritten by Companion Life Insurance Company.

THIS IS NOT QUALIFYING HEALTH COVERAGE ("MINIMUM ESSENTIAL COVERAGE") THAT SATISFIES THE HEALTH COVERAGE REQUIREMENT OF THE AFFORDABLE CARE ACT. IF YOU DON'T HAVE MINIMUM ESSENTIAL COVERAGE, YOU MAY OWE AN ADDITIONAL PAY WITH YOUR TAXES!



Advantages of PivotCare

- Affordable insurance that offers variety of benefits at rates that meet any budget
- No insurance deductibles or coinsurance limits to meet
- Includes specific cash payments for both sickness and accidental injuries regardless of other coverages
- No specialist referrals required
- Benefits do not vary - a fixed dollar amount for both in- and out-of-network providers
- No claim forms are necessary to receive benefits
- Discount prescription drug card

First Health PPO Network

Your benefit dollars can go further at in-network providers. First Health is a premier PPO network with superior access to medical providers in urban, suburban and rural markets throughout the country.

- Access to more than 5,000 hospitals, over 90,000 ancillary facilities and over 550,000 professional medical providers at over 1 million health care service locations*
- 96% of the U.S. population has access to a First Health provider within 20 miles* - <http://firsthealth.coventryhealthcare.com/locate-a-provider/>

PivotCare Economy outpatient benefits

- Doctor office visits
- Emergency room visits
- Diagnostic lab tests and X-rays
- Ambulance services
- Childhood Immunizations
- MRIs

PivotCare Economy inpatient benefits

- Hospital stays
- Surgery
- Anesthesia

Extra Non-Insurance Benefits

- Telemedicine
- Discount & lifestyle benefits



Limited Benefit Health Insurance	PLAN 1	PLAN 2	PLAN 3	PLAN 4
OFFICE VISITS Benefits shown are per day with maximum number of benefit days per plan year.				
Physician Office Visits	\$50 for 5 days	\$75 for 5 days	\$85 for 6 days	\$100 for 7 days
Preventive Care	\$100 for 1 day	\$100 for 1 day	\$150 for 1 day	\$150 for 1 day
Physical Therapy	N/A	\$75 for 5 days	\$85 for 6 days	\$100 for 7 days
Chiropractic	N/A	\$75 for 5 days	\$85 for 6 days	\$100 for 7 days
DIAGNOSTIC LAB & X-RAY				
Outpatient Diagnostic Tests (Lab & Non-Lab)	\$50 for 3 days	\$75 for 3 days	\$85 for 3 days	\$100 for 3 days
Advanced Diagnostic Tests (MRI, CT Scan, etc.)	\$250 for 1 day	\$250 for 1 day	\$500 for 1 day	\$500 for 1 day
SURGICAL BENEFITS				
Inpatient Surgery	N/A	\$250 for 1 day	\$250 for 1 day	\$500 for 1 day
Inpatient Anesthesia	N/A	\$62.50 for 1 day	\$62.50 for 1 day	\$125 for 1 day
Outpatient Surgery	N/A	\$250 for 1 day	\$250 for 1 day	\$500 for 1 day
Outpatient Anesthesia	N/A	\$62.50 for 1 day	\$62.50 for 1 day	\$125 for 1 day
Outpatient Surgical Facility	N/A	\$250	\$250	\$500
Outpatient Minor Surgery	\$75 for 1 day	\$75 for 1 day	\$75 for 1 day	\$75 for 1 day
EMERGENCY ROOM				
For Treatment of Sickness or Injury	\$150 for 1 day	\$150 for 1 day	\$200 for 1 day	\$200 for 1 day
AMBULANCE				
Ground, Air or Water	N/A	\$300 for 1 day	\$300 for 1 day	\$300 for 1 day
INPATIENT HOSPITAL BENEFITS				
First Hospital Confinement	\$250 for 1 day	\$250 for 1 day	\$250 for 1 day	\$250 for 1 day
Hospital Confinement *	\$100 for 30 days	\$250 for 30 days	\$500 for 30 days	\$500 for 30 days
Intensive Care Unit (ICU) Confinement *	\$200 for 30 days	\$500 for 30 days	\$1,000 for 30 days	\$1,000 for 30 days

Extra Non-Insurance, Value-Added Benefits

DISCOUNT BENEFITS				
Prescription Drug **	Discount card	Discount card	Discount card	Discount card
Doctor on Demand	Telemedicine	Telemedicine	Telemedicine	Telemedicine
Davis Vision	Discount Vision	Discount Vision	Discount Vision	Discount Vision

* Hospital confinement and Intensive Care Unit confinement are not paid concurrently.

Mental or nervous disorders confinement, substance abuse confinement, maternity and skilled nursing facility confinement are not eligible. Complications from pregnancy are covered. Benefits and exclusions vary by state. Policy form #LBHP 3250 DE.

What is a Pre-Existing Condition Limitation?

A pre-existing condition limitation occurs when you have already received medical advice, testing, care, medication, diagnosis or treatment for a specific condition from a physician prior to enrollment in a PivotCare plan. Loss caused by or relating to the pre-existing condition is not covered for the first 12 months after the effective date of each Covered Person. A pregnancy that was conceived prior to the effective date is also considered a pre-existing condition.

With respect to all of the benefits provided under this Policy, no benefits will be payable as the result of:

- | | | | |
|---|--|---|--|
| <p>(a) suicide or any attempt threat, while sane;</p> <p>(b) any intentionally self-inflicted injury or Sickness;</p> <p>(c) rest care or rehabilitative care and treatment;</p> <p>(d) cosmetic surgery or care or treatment solely for cosmetic purposes, or complications therefrom. This exclusion does not apply to cosmetic surgery resulting from a covered Accident if initial treatment of the Covered Person is begun within 12 months of the date of the Accident;</p> <p>(e) immunization shots and routine examinations such as: health exams; periodic check-ups; pre-marital exams; and routine physicals;</p> <p>(f) routine newborn care, including routine nursery charges;</p> <p>(g) voluntary abortion, except with respect to the Insured or covered Dependent spouse:</p> <ul style="list-style-type: none"> (1) where such person's life would be endangered if the fetus were carried to term; or (2) where medical complications have arisen from an abortion; <p>(h) normal pregnancy, except for Complications of Pregnancy;</p> <p>(i) the treatment of:</p> <ul style="list-style-type: none"> (1) mental illness; (2) functional or organic nervous disorder, regardless of cause; (3) alcohol abuse; | <p>(4) drug use, unless such drugs were taken on the advice of a Physician and taken as prescribed for more than 10 days in any Benefit Year, with respect to payment of the Daily In-Hospital Indemnity Benefit;</p> <p>(j) participation in a riot, civil commotion, civil disobedience, or unlawful assembly. This does not include a loss which occurs while acting in a lawful manner within the scope of authority;</p> <p>(k) committing, attempting to commit, or taking part in a felony or assault, or engaging in an illegal occupation;</p> <p>(l) participation in a contest of speed in power driven vehicles, parachuting, parasailing, bungee-jumping, or hang gliding;</p> <p>(m) air travel, except:</p> <ul style="list-style-type: none"> (1) as a fare-paying passenger on a commercial airline on a regularly scheduled route; or (2) as a passenger for transportation only and not as a pilot or crew member; <p>(n) any Accident occurring as a result of the Covered Person being intoxicated (where the blood alcohol content meets the legal presumption of intoxication under the law of the state where the Accident took place);</p> <p>(o) sex changes;</p> <p>(p) experimental treatments or surgery;</p> | <p>(q) the reversal of tubal ligation and vasectomies;</p> <p>(r) artificial insemination, in vitro fertilization, and test tube fertilization, including any related testing, medications, or Physician's services, unless required by law;</p> <p>(s) treatment of exogenous obesity or weight control;</p> <p>(t) an act of war, whether declared or undeclared, or while performing police duty as a member of any military or naval organization. This exclusion includes Accident sustained or Sickness contracted while in the service of any military, naval or air force of any country engaged in war. The Company will refund the pro rata unearned premium for any such period the Covered Person is not covered;</p> <p>(u) accident or sickness arising out of and in the course of any occupation for compensation, wage or profit. Expenses which are payable under Occupational Disease Law or similar law, whether or not application for such benefits have been made;</p> <p>(v) Pre-Existing Conditions, except as described in the Schedule;</p> <p>(w) air or ground ambulance service;</p> <p>(x) for loss incurred, care of treatment received, or hospital confinement occurring outside of the United States or its possessions (except in the case of an emergency; or)</p> | <p>(y) Dentistry or oral surgery except:</p> <ul style="list-style-type: none"> (1) Excision of impacted third molars; or (2) Closed or open reduction of fractures or dislocation of the jaw. <p>In addition to the Exclusions and Limitations for all coverages, the following are not covered under the Out-Patient Physician Office Visit Indemnity Benefit and the Outpatient Diagnostic X-Ray and Laboratory Indemnity Benefit:</p> <ul style="list-style-type: none"> (a) visits made, examinations given, or x-rays or laboratory tests performed as an in-patient while Confined to a Hospital; (b) routine eye examinations or fitting of glasses; (c) fitting of hearing aids; (d) dental examinations or dental care other than expenses resulting from accidental injury; and (e) benefits which are provided under any other part of this Policy. |
|---|--|---|--|

About Companion Life Insurance Company

Companion Life Insurance Company of Columbia, S.C. has specialized in insurance benefits for more than 40 years.

Additional non-insurance benefits included with PivotCare Economy plans are made available to members of Communicating for America and their spouses. Not available in all states.

Marketed by

PIVOT HEALTH

PivotHealth is a leader in offering you choices and flexibility that pivot with your insurance needs over time



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Zero Deductible Fixed Indemnity Health Insurance Plans

Health Care is Expensive. Health Insurance Doesn't Need To Be.

For agent use only. Not for distribution.

Product Value and Advantages

Fixed indemnity health insurance is quickly becoming an attractive health plan alternative for individuals and families who need help paying for doctor office visits and minor hospital stays. For families with low cash reserves, plans that help them pay for what would normally be out-of-pocket medical care without having to meet a deductible can help preserve monthly budgets and savings.

Advantages of Fixed Indemnity Health Insurance

- No deductible
- No coinsurance
- Cash for doctor office visits and hospital stays
- No specialist referrals or precertification required
- No claim forms needed
- Discount prescription drug card included

Affordability of Plans

Fixed indemnity costs a fraction of individual major medical, and comes with varying benefit levels to meet nearly every budget.

Access to Plans

- Largest provider network in the U.S.
- Simplified underwriting questions and additional value-added benefits like critical illness insurance available on certain plans.*

Target Audience

- Young families with children who could have an unexpected accident
- Entrepreneurs and the self-employed who cannot afford large out-of-pocket expenses
- Individuals not eligible for an Obamacare subsidy
- Families too rich for Medicaid and do not qualify for financial assistance
- Healthy early retirees who don't want to use their savings for everyday care

**Not available in all states. Additional benefits available by plan type and state availability.*

Other Candidates for Fixed Indemnity Insurance

Many hourly workers do not receive employer-sponsored health insurance and can make too little to afford an ACA plan, but earn too much to qualify for Medicaid. From a bartender to ride-share driver, the average annual income of these service workers makes them ideal candidates for fixed indemnity insurance:

Average Annual Salaries

- Food service worker: \$23,269
- Hotel front desk: \$25,505
- Car detailer: \$19,900
- Retail sales associate: \$24,809
- Home health aide: \$24,395
- Uber driver: \$30,000

National averages based on [Glassdoor salary](#) data.



The Benefits of Fixed Indemnity Insurance

Fixed indemnity health insurance pays cash for everyday medical services that occur due to an illness or accident resulting in injury. Depending on the plan selected, benefits can pay for most if not all of medical claims costs without the worry of meeting a deductible.

Most common claims families experience every year

Example — Ruptured Appendix

Procedure Description	In-Network Charges	Zero Deductible Insurance Pays (Plan 3)	Major Medical Plan Insurance Pays*
Removal of ruptured infected appendix	\$1,389.00	\$1,000.00	\$0
Anesthesia	\$1,139.00	\$200.00	\$0
4 day hospital stay (assume average daily cost of \$2,296)	\$8,265.60	\$6,000.00	\$3,643.60
TOTAL	\$10,793.60	\$7,200.00 <i>paid by insurance</i>	\$3,643.60 <i>paid by insurance</i>
Out-of-pocket expenses you pay	-	\$3,593.60	\$7,150.00 (includes deductible and coinsurance)

Most common claims families experience every year (continued)

Example — Car Accident With Contusions and Fracture to Lower Leg Which Required Surgery

Procedure Description	In-Network Charges	Zero Deductible Insurance Pays (Plan 3)	Major Medical Plan Insurance Pays*
3 day hospital stay (assume average daily costs of \$2,296)	\$6,199.20	\$9,000.00	\$159.36
Open reduction & internal fixation of leg fracture	\$3,339.00	\$1,000.00	\$3,061.46
Anesthesia	\$745.00	\$200.00	\$745.00
ER Admission	\$2,000.00	\$200.00	\$2,000.00
Plan Fracture Benefit	-	\$2,500.00	\$0
TOTAL	\$12,283.20	\$12,900.00 <i>paid by insurance</i>	\$5,965.82 <i>paid by insurance</i>
Out-of-pocket expenses you pay	-	\$(616.80)	\$6,317.38 (includes deductible and coinsurance)

Example — Vaginal Hysterectomy Due to Uterine Cancer

Procedure Description	In-Network Charges	Zero Deductible Insurance Pays (Plan 3)	Major Medical Plan Insurance Pays*
Abdominal removal of uterus, cervix and lymph nodes on both sides of pelvis and aortic lymph node biopsy	\$3,582.00	\$1,000.00	\$0
Anesthesia for removal of uterus	\$1,836.00	\$200.00	\$0
3 day hospital stay (assume average daily costs of \$2,296)	\$6,199.00	\$4,500.00	\$5,329.00
Critical Illness Benefit	-	\$5,000.00	\$0
TOTAL	\$11,617.00	\$10,700.00 <i>paid by insurance</i>	\$5,329.00 <i>paid by insurance</i>
Out-of-pocket expenses you pay	-	\$917.00	\$6,288.00 (includes deductible and coinsurance)

Assumes a \$6,000 Deductible, 20% co-insurance & \$7,150 maximum out-of-pocket
Schaumburg IL (60193)

Used www.fairhealthconsumer.org for average pricing

Hospital in-network charges are not available on Fair Health — used a 10% discount amount

Differences Between Traditional Major Medical and Fixed Indemnity

Traditional Major Medical	Zero Deductible Insurance
Up to a \$14,300 family deductible	NO deductible
20%-30% coinsurance responsibility	NO coinsurance
Required network for lowest cost	Same benefit for in- OR out-of-network provider
Referrals required for specialists	No referrals necessary
Rate increases averaging 20% per year	Rate stability with limited increases

Cost

A healthy 28-year old male living in Arizona with the option of purchasing an individual Affordable Care Act (ACA) plan or a fixed indemnity plan can pay:[†]

Plan	Deductible	Out-of-Pocket Max	Monthly Premium
ACA Plan	\$6,880	\$6,880	\$345
Fixed Indemnity	\$0	\$0	\$49

The ACA plan requires an individual to pay \$345 each month, yet the first \$6,880 in medical expenses are the responsibility of the insured as well.

With no claims, the 28-year old pays:

ACA Plan: \$4,140 per year for individual health insurance

Fixed Indemnity: \$588 per year for health insurance with zero deductible

That's \$3,552 in savings each year by enrolling in a fixed indemnity plan!

[†]Example based on rates for a 28-year old male living in Phoenix, Ariz., obtained from HealthCare.com and Pivot Health.



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Membership benefits include:

- Unlimited doctor consultations by telephone or video, 24/7 at **no additional cost**
- Up to 75% savings on prescription drugs
- 15-40% discounts on eye exams, lenses, frames and contacts
- Supplemental insurance to help manage out-of-pocket expenses such as medical deductibles, coinsurance and copayments

Latitude helps protect you from unexpected medical debt.

Non-insurance association membership benefits are provided by Communicating for America, LLC. Accident Medical Expense and Accidental Death and Dismemberment benefits are underwritten by Fidelity Security Life Insurance Company, Kansas City, MO 64111. Insurance benefits are not available in all states. Some insurance benefits, exclusions and limitations may vary by state. Policy No. AC-26; Form No. M-3044

Adv304411116



Accidents and illness happen

Get membership benefits that help cover the cost of your medical bills and offer an extra layer of protection for services your primary health insurance plan doesn't cover.

Cash benefits can be used for:

- Medical deductible or coinsurance
- Rent or mortgage
- Car payments
- Child care
- Everyday living expenses

Latitude membership includes many benefits that help reduce everyday health care costs, and covers other expenses incurred if ill or injured. Benefits include:

*** Unlimited Doctor Consultations by Telephone or Video, 24/7 at No Additional Cost**

Skip the waiting room and connect with a physician from the comfort of your own home for no additional cost, then get prescriptions for common ailments sent directly to your pharmacy of choice.

As a member you have access to one of the leading telemedicine companies with doctors averaging 15 years of patientcare experience.

- Save trips to urgent care, and cut your medical expenses with unlimited telephone or video consultations.
- U.S. board-certified doctors.
- 24 hours a day, 7 days a week, at no additional cost.

***Savings of up to 75% Off Prescription Drugs**

Members can text or email prescription drug discount deals straight to their phone or print a discount drug card.

- Use at over 66,000 pharmacies nationwide.
- Save on name brand drugs, and up to 75% off generic drugs.

***Discounts of 15%-40% Off Eye Exams, Lenses, Frames and Contacts**

With discounts on eye exams, lenses, frames and additional eyewear, members save:

- Up to 15% on eye exams, and
- 20%–40% on frames, lenses, contacts and more.

For Latitude Preferred and Ultimate Plans

***Roadside Reimbursement**

Get reimbursed for any towing and emergency roadside services for \$100-\$200; two reimbursements per year.

***Discounts on X-rays, MRIs, CT scans and More**

Get the best pricing for X-rays, MRIs, CT scans, mammograms ultrasounds, various surgeries and more. Patients can schedule online and pay cash immediately, or they can file a claim through their primary medical insurance company.

**Discounts and telemedicine are not insurance benefits.*

Supplemental Accident and Critical Illness Insurance Benefits

Latitude membership includes supplemental insurance benefits that pay in addition to any other insurance you might have.

- Plans are guaranteed issue and can have a same-day effective date. (Subject to pre-existing conditions and limitations in some states.)
- A daily hospital benefit for any covered sickness or injury is included with the plan's accident and critical illness coverage.
- The cash benefits are paid directly to you and you can use the money for whatever you choose. Or, you can assign the benefits to be sent to your provider.

The following chart outlines some of the supplemental insurance benefits included with every membership.

Benefits	Latitude Select	Latitude Preferred
If injured in a covered accident	Up to \$2,500 (\$250 deductible)	Up to \$5,000 (\$500 deductible)
If diagnosed with a covered critical illness	Up to \$2,500	Up to \$5,000
Accidental death benefits	Up to \$5,000	Up to \$5,000
Up to 10 days of hospital benefits	Up to \$250 per day	Up to \$500 per day

Supplemental insurance benefits are not available in all states.

Benefit Descriptions



Accident Medical Expense

This benefit pays for Covered Charges for the Medically Necessary treatment of an Insured Person for an Injury resulting from a covered Accident. The Covered Charges are limited to the Reasonable and Customary charge and are subject to the Deductible and the Maximum Benefit Amount shown in the Schedule of Benefits. The Accident must occur while the insured is covered under the policy, first treatment or service must occur within 90 days of the Accident and all subsequent treatments must be incurred within 52 weeks of the Accident.

Covered Charges mean the Medically Necessary Inpatient and Outpatient expenses incurred that are prescribed by a Physician for: Hospital Confinement for semi-private room and board; emergency room treatment; surgical procedures, either Inpatient or Outpatient, including, but not limited to, expenses for the operating room or ancillary fees; treatment at a Skilled Nursing Facility; Physician fees; licensed graduate nursing services (for expenses to be covered, the nurse must not be a member of the Insured Person's Immediate Family); medical appliances, initial artificial limbs, eyes, larynx and other orthopedic prosthetic devices; Emergency ground or air ambulance services; dental charges for the repair or treatment of injured natural teeth that are whole and sound at the time of the covered Accident; physical and occupational therapy or rehabilitation; and medical or surgical

treatment, services, supplies, prescription drugs (excluding take home drugs) provided while Hospital Confined and any other Medically Necessary service.

Covered Charges are payable at 100% of the Reasonable and Customary amount. No benefits are payable for Covered Charges used to satisfy the Deductible, or that are incurred after the Maximum Benefit Amount or Maximum Benefit Period are exhausted.

Critical Illness

This benefit can pay when an Insured is diagnosed for the first time with a Covered Condition (Critical Illness) or receives a Major Organ Transplant that is recommended for the first time.

Covered Conditions or Procedures include: Heart Attack, Stroke, Major Organ Transplant, Invasive Cancer, Cancer In Situ, Kidney Failure, Permanent Paralysis.

Accidental Death and Dismemberment

This benefit can pay for specified losses (life, limbs, sight, speech or hearing) due to a covered accidental bodily injury sustained by an Insured Person on or after his or her coverage effective date. The Injury must result in the covered loss within 90 days of the covered Accident that causes the loss. If an Insured Person suffers more than one covered loss for any one Accident, only one amount, the largest, will be paid.

Daily In-Hospital Indemnity

This benefit can pay for each day the Insured Person is Hospital Confined due to Sickness or Injury, up to a maximum number of days per Certificate Year. The Insured Person must be under the regular care and attendance of a Physician during the period of Hospital Confinement.

For additional plan information, go to www.pivthealth.com, enter your ZIP code, select plan and view "Plan Details."

Eligibility and Effective Dates

Adults under age 65 who are members in good standing of Communicating for America; their spouses under age 65; their dependent children under age 26 are eligible for supplemental accident and critical illness insurance benefits.

Coverage is effective on the date shown in the Company's records, following receipt of the insured's individual enrollment form, if any, following the date the Company receives the first premium, unless the eligible person is confined at home or in a hospital or medical institution for any condition covered by the Policy on the date coverage would otherwise begin. If the eligible person is confined as described above, then coverage will begin on the first day of the month following the date he or she is no longer confined at home or in a Hospital or medical institution.

General Insurance Benefit Exclusions



The Policy does not provide any benefits for the following:

1. Suicide, or any attempt thereat, while sane or insane (in Colorado, Missouri or Montana, while sane);
2. Any intentionally self-inflicted Injury or sickness or any attempt thereat (in Colorado, Missouri or Montana, while sane);
3. Bodily infirmity or disease in any form, or medical or surgical treatment thereof;
4. Any Injury for which the contributing factor was a bodily infirmity or disease, in any form;
5. Bacterial infection, except infections which result from an accidental Injury or bacterial infection which results from an accidental, involuntary or unintentional ingestion of an infectious organism;
6. Travel or flight in any kind of aircraft, except on a regularly scheduled commercial flight as a fare-paying passenger, including falling or otherwise descending from or with such aircraft in flight; or while the Insured Person is participating in aviation training in any kind of aircraft, or is a pilot, officer or other member of the crew of such aircraft.
7. Participation in a Riot, insurrection, rebellion, civil commotion, civil disobedience or unlawful assembly. For purposes of this exclusion, "Participation" means to take an active part in common with others; "Riot" means any use or threat to use force or violence or disturbance by three or more persons without authority of law. This does not include a loss that occurs while acting in a lawful manner within the scope of authority;
8. Committing, attempting to commit or taking part in a felony, battery, assault or engaging in an illegal occupation;
9. Any Injury occurring while the Insured Person is intoxicated (where the blood alcohol content meets the legal presumption of intoxication under the law of the state where the Injury took place);
10. The voluntary taking of any poison or inhalation of gas, or voluntary taking of any drug, sedative or narcotic, unless prescribed by a Physician and taken according to the prescribed dosage;
11. Accidental bodily Injury occurring while serving on full-time active duty in any Armed Forces of any country or international authority (any premium paid will be returned by the Company pro rata for any period of active duty);
12. Declared or undeclared war or acts thereof; or
13. Injury arising out of or in the course of any occupation for compensation, wage or profit or for which compensation is payable under any Workers' Compensation Law or similar law.
7. Custodial, respite, rest or supportive care which does not assist the Insured Person to recover from an Injury;
8. Personal comfort items such as telephone, television or similar services;
9. Charges for appliances prescribed for the purpose of preventing future Injury; or
10. Services or treatment for Injury to teeth, unless such teeth are evidenced to have been sound and natural prior to the date of Injury.

Critical Illness Exclusions

In addition to the exclusions in the policy, this rider does not provide any benefits for a Critical Illness that is:

1. Caused by abuse or addiction to alcohol, drugs or chemicals;
2. Not diagnosed by a Physician;
3. Diagnosed outside of the United States or its territories, unless the Diagnosis was made at a United States military base or facility or at a United States military or government building or is confirmed in the United States; or
4. Performed outside of the United States or its territories, unless the Diagnosis was made at a United States military base or facility or at a United States military or government building or is confirmed in the United States.

Critical Illness Limitations

Benefits are only payable for first occurrence of a critical illness diagnosis made while the Insured Persons is covered under this policy.

Accident Medical Expense Exclusions

In addition to the General Exclusions in the Policy, the Policy does not provide Accident Medical Expense benefits for the following:

1. Any service or charge for which the Insured Person is not legally obligated to pay;
2. Treatment, services or supplies not Medically Necessary, or in excess of the Reasonable and Customary amount;
3. Any experimental or research treatment that is considered as such by the U.S. Department of Health and Human Services or any of its agencies;
4. Sales tax or gross receipt tax, or any charges to complete a claim form;
5. Outpatient prescription drugs;
6. Transportation costs other than for Emergency ambulance services;

General Insurance Benefit Exclusions [Continue](#)



Hospital Indemnity Exclusions

In addition to the exclusions in the Policy this daily in-Hospital Indemnity does not provide any benefits for the following:

1. Rest care or rehabilitative care and treatment;
2. Pregnancy, except Complications of Pregnancy;
3. Routine newborn care;
4. Voluntary abortion, except where Medically Necessary to save the Insured Person's life;
5. Treatment for Mental or Nervous Disorders;
6. Treatment for Substance Abuse;
7. Dental care or treatment, except:
 - Care or treatment due to an Injury to sound, natural teeth; or
 - Treatment necessary due to congenital defects or birth abnormalities;
8. Medical care, services or supplies provided outside of the United States of America or its territories, except for Hospital Confinement for acute onset of a Sickness or for an Injury that occurs while the Insured Person is traveling;
9. Confinement, care or services incurred prior to the Insured Person's Effective Date or that begin after termination of coverage;
10. Confinement, care or services furnished by any agency or program funded by federal, state or local government. This does not apply to Medicaid or where prohibited by law;
11. Confinement that is not Medically Necessary; or
12. Cosmetic surgery or care or treatment solely for cosmetic purposes or complications from such surgery, care or treatment, unless due to an Accident or to repair a congenital or abnormal defect of a newborn child while covered under the Policy.

Hospital Indemnity Limitations

Benefits are not payable for a Pre-Existing Condition until the expiration of 12 consecutive months, beginning with the Insured Person's Effective Date.

"Pre-Existing Condition" means any Injury, or Sickness for which medical treatment or advice was rendered or recommended by a Physician within 12 months prior to the Insured Person's Effective Date.

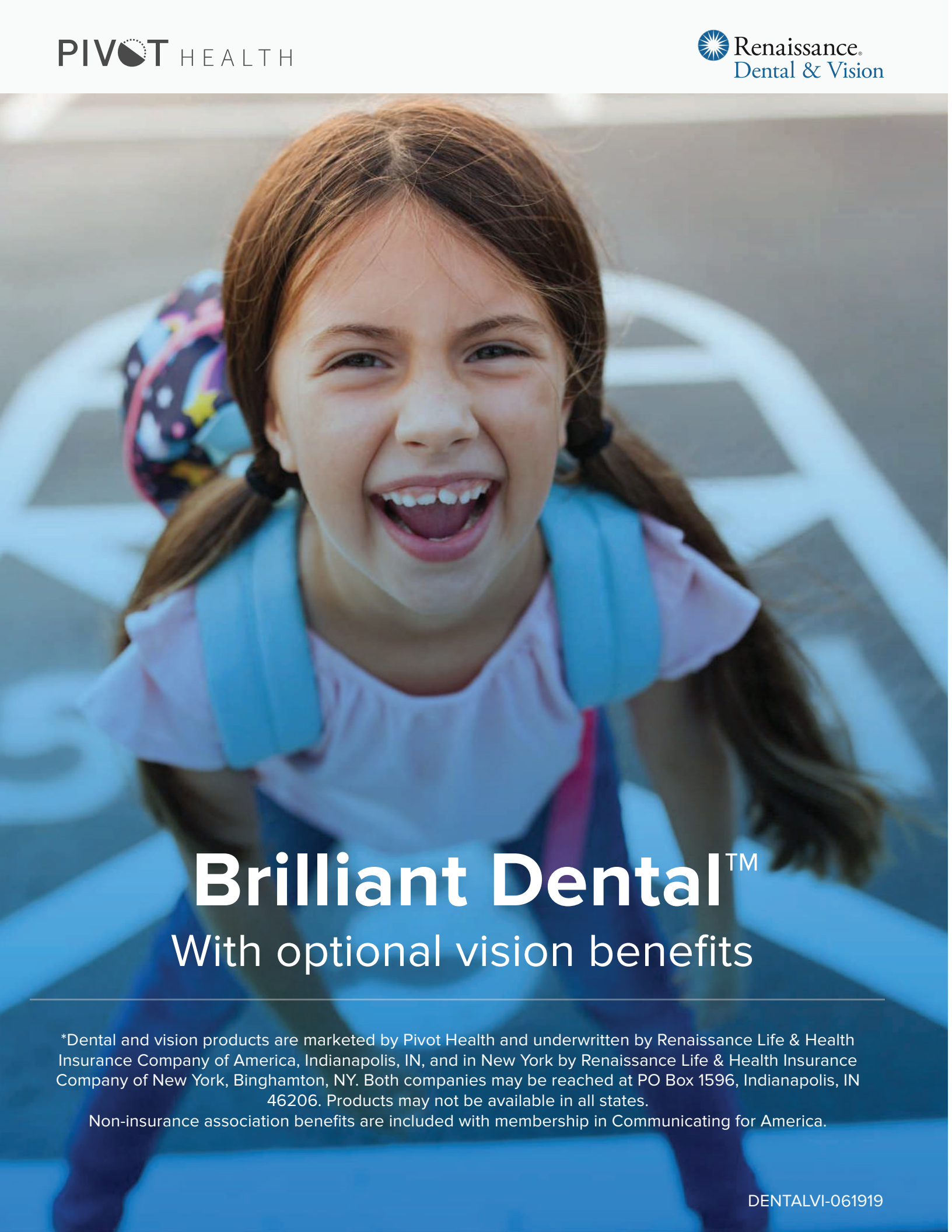
Some provisions, benefits, exclusions or limitations listed herein may vary depending on your state of residence.



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Brilliant Dental™

With optional vision benefits

*Dental and vision products are marketed by Pivot Health and underwritten by Renaissance Life & Health Insurance Company of America, Indianapolis, IN, and in New York by Renaissance Life & Health Insurance Company of New York, Binghamton, NY. Both companies may be reached at PO Box 1596, Indianapolis, IN 46206. Products may not be available in all states.

Non-insurance association benefits are included with membership in Communicating for America.

Dental and Vision Benefits

Dental

Affordable dental and vision benefits are within reach for children, adults and seniors looking to protect their smile. Our dental plans include:

- Eligibility for ages 18 -100+ (child dependents accepted)
- No waiting periods for benefits
- Option to start coverage the next day after enrollment
- Some benefits and annual maximums increase at the beginning of the second and third coverage periods
- Routine cleanings paid at 100%
- X-rays
- Basic services, like fillings, sealants and extractions
- Major services, like crowns, oral surgery and implants
- Orthodontia option available for children under age 19

Vision

Individuals can also enroll in vision insurance at the time of application and save on costly but necessary vision expenses like exams, prescription lenses, frames and more.

- One exam every benefit period
- Exams, contacts, frames covered in full if in network (subject to co-pays and maximums)
- Low vision benefits - professional services for severe visual problems

Vision insurance is an optional add on benefit.

Who is Pivot Health?

Pivot Health is an insurance product development, management and marketing company led by an experienced team of health benefit professionals that offers proprietary products and insurance solutions through many top-rated national carriers.

Who is Renaissance?

Renaissance underwrites the Brilliant Dental™ and vision plans and is part of the Renaissance Health Service Corporation, which has more than 60 years of experience and collectively provides dental coverage for more than 13.1 million people paying out nearly \$3 billion for dental care annually.*

Through Renaissance dental network partners, Pivot Health's Brilliant Dental™ plans offer access to over 300,000 nationally credentialed PPO Network dental offices.* While you may save the most money by visiting a dentist in the network, you are welcome to visit any licensed dentist in the Renaissance PPO network by visiting myrenproviders.com.

Dental Benefits

Dental	Low Plan			High Plan		
Benefits	Benefit Year 1	Benefit Year 2	Benefit Year 3+	Benefit Year 1	Benefit Year 2	Benefit Year 3+
Preventive/ Diagnostic Services	Insurance pays			Insurance pays		
Exams - 2 per year	100%			100%		
Prophylaxis (cleaning) - 3 per year	100%			100%		
Bitewing X-ray - 1 set per year	100%			100%		
Fluoride to age 19- 1 per year	100%			100%		
Benefit year deductible	\$50 per person, \$150 per family [^]			\$50 per person, \$150 per family		
Basic Services*	Insurance pays			Insurance pays		
Sealants to age 16	40%	60%	80%	60%	70%	80%
Space maintainers to age 14	40%	60%	80%	60%	70%	80%
Fillings	40%	60%	80%	60%	70%	80%
Simple extractions	40%	60%	80%	60%	70%	80%
Major Services*	Insurance pays			Insurance pays		
Other X-rays	10%	20%	30%	20%	35%	50%
Periodontics	10%	20%	30%	20%	35%	50%
Endodontics	10%	20%	30%	20%	35%	50%
Oral Surgery	10%	20%	30%	20%	35%	50%
Crowns, bridges, dentures	10%	20%	30%	20%	35%	50%
Implants	10%	20%	30%	20%	35%	50%
Benefit year maximum	\$1,000	\$1,250	\$1,500	\$1,500	\$2,000	\$2,500
	Insurance pays			Insurance pays		
Orthodontia**	Not Covered			10%	25%	50%
Orthodontia annual maximum	N/A	N/A	N/A	\$500	\$500	\$500
Orthodontia lifetime maximum	N/A	N/A	N/A	\$1,000	\$1,000	\$1,000
	Allowed amounts			Allowed amounts		
In-network providers	Negotiated PPO network fee			Negotiated PPO network fee		
Out-of-network providers	Negotiated PPO network fee			80th percentile [†]		

Under the Low Plan, eligible dental charges from providers not participating in the designated PPO networks will be reimbursed no higher than the PPO allowed amount. The insured is responsible for any provider charges billed over the allowed amount in addition to “you pay” amounts identified in the summary of benefits. [†] Under the High Plan, eligible dental charges by providers not participating in the designated PPO network are reimbursed based on Renaissance Life & Health Insurance Company of America's determination of a maximum allowed amount that is representative of the 80th percentile of usual charges for services in the same geographic area. Please refer to the summary of dental benefits in the certificate for details.

[^] Deductible also applies to preventive/diagnostic services obtained from out-of-network providers.

^{*} Deductible applies to these services.

^{**} Child only orthodontia for dependents under the age of 19.

Vision Benefit

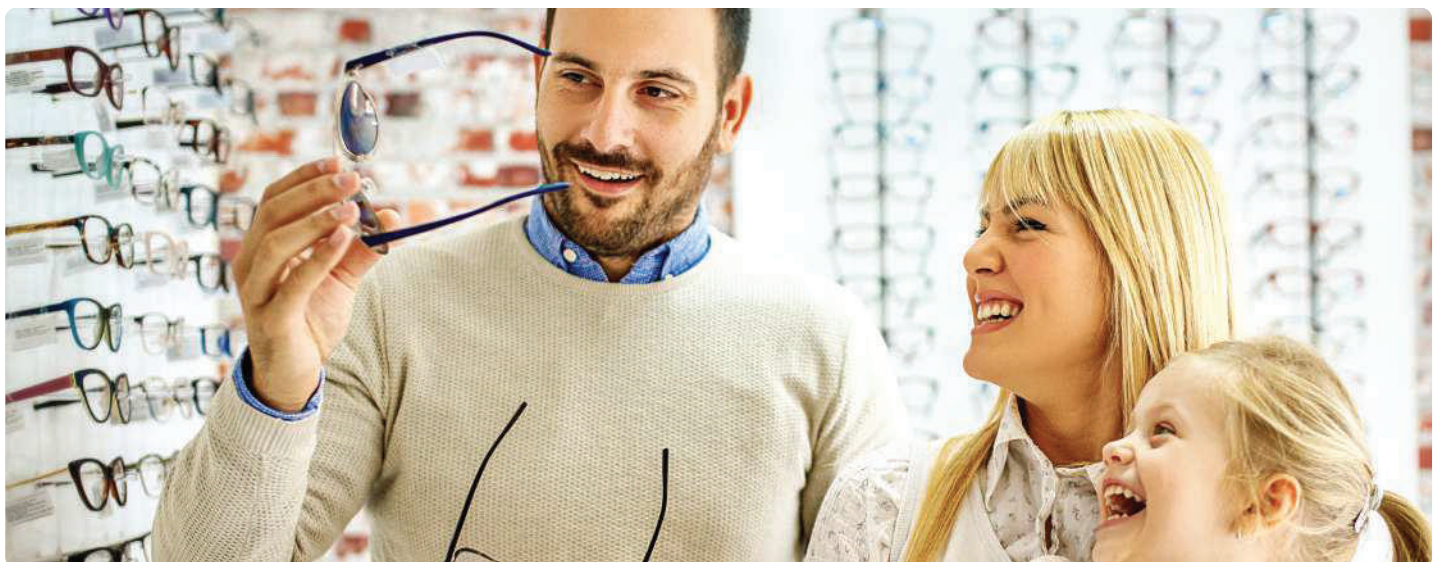
Renaissance Vision administered by VSP® Vision Care gives you access to the VSP Choice Network with more than 37,000 eye doctors nationwide making it the largest national network of independent eye doctors.* Network doctors deliver personalized care and the best choices in eyewear—all at the lowest out-of-pocket costs.

Covered Service	In-Network	Out-of-Network	Frequency**
Eye Exam	\$20 copay and includes prescription eyeglasses	Up to \$45	12 months
Lenses	Covered with eye exam		12 months
Single	Covered with eye exam	Up to \$30	12 months
Bifocal	Covered with eye exam	Up to \$50	12 months
Trifocal	Covered with eye exam	Up to \$65	12 months
Lenticular	Covered with eye exam	Up to \$100	12 months
Frames	Covered with eye exam up to \$150 of allowable charges	Up to \$70	24 months
Contact Lenses***	Exam and fitting, \$60 copay up to \$150 of allowable charges	Up to \$105	12 months
Low Vision	Professional services for severe visual problems		12 months
Testing	Covered in full	Up to \$125	24 months
Supplemental Aids	75% covered up to \$1,000	75% covered up to \$1,000	24 months

* VSP Internal Data, 2017

** Maximum benefit from the first date of service

*** Contacts are in lieu of glasses



Exclusions and Limitations

Dental Exclusions and Limitations

In addition to the exclusions listed above in the Benefits Section, RENAISSANCE LIFE & HEALTH INSURANCE COMPANY OF AMERICA (RLHICA) will not make payment for the following services, items or supplies and all charges for the same will be your responsibility, unless otherwise specified in the Summary of Dental Plan Benefits Section:

1. Services for injuries or conditions paid pursuant to Workers' Compensation or Employer's Liability laws. Services that are received from any government agency, political subdivision, community agency, foundation or similar entity. NOTE: This provision does not apply to any programs provided under Title XIX of the Social Security Act, that is, Medicaid;
2. Services or appliances started prior to the date the person became eligible under This Plan, excluding orthodontic treatment in progress (if a Covered Service);
3. Charges for failure to keep a scheduled visit with the Dentist;
4. Charges for completion of forms or submission of claims;
5. Services, items or supplies for which no valid dental need can be demonstrated, as determined by RLHICA;
6. Services, items or supplies that are specialized techniques, as determined by RLHICA;
7. Services, items or supplies that are investigational in nature, including services, items or supplies required to treat complications from investigational procedures, as determined by RLHICA;
8. Treatment by other than a Dentist, except for services performed by a licensed dental hygienist or other licensed provider under the scope of his or her license or other licensed provider;
9. Services, items or supplies excluded by the policies and procedures of RLHICA;
10. Services, items or supplies which are not rendered in accordance with accepted standards of dental practice, as determined by RLHICA;
11. Services, items or supplies for which no charge is made, for which the patient is not legally obligated to pay or for which no charge would be made in the absence of RLHICA coverage;
12. Services, items or supplies received as a result of dental disease, defect, or injury due to an act of war, declared or undeclared;
13. Services, items or supplies that are generally covered under a hospital, surgical/medical or prescription drug program;
14. Services, items or supplies that are not within the categories of Benefits that have been selected by your organization and are not covered in This Plan;

15. Prescription drugs, non-prescription drugs, premedications, localized delivery of chemotherapeutic agents, relative analgesia, non-intravenous conscious sedation, therapeutic drug injections, hospital visits, desensitizing medicaments and techniques, behavior management, athletic mouthguards, house/extended care facility visits, mounted occlusal analysis, complete occlusal adjustments, enamel microabrasions, odontoplasty or bleaching;
16. Correction of congenital or developmental malformations, cosmetic surgery or dentistry for aesthetic reasons as determined by RLHICA;
17. Any appliance or surgical procedure used to: (a) change vertical dimension; (b) restore or maintain occlusion; (c) replace tooth structure lost as a result of abrasion, attrition, abfraction or erosion; or (d) splint or stabilize teeth for periodontal reasons.

Limitations

In addition to the limitations listed above in the Benefits Section, the following limitations apply under This Plan, unless otherwise specified in the Summary of Dental Plan Benefits Section:

1. RLHICA's obligation for payment of Benefits ends on the last day of the month in which coverage is terminated under This Plan;
2. When services in progress are interrupted and completed later by another Dentist, RLHICA will review the claim to determine the amount of payment, if any, to each Dentist;
3. Care terminated due to the death of a Certificate Holder or Eligible Dependent will be paid to the limit of RLHICA's liability for the services completed or in progress;
4. The Maximum Payment will be limited to the amount specified in the Summary of Dental Plan Benefits Section;
5. If a Deductible amount is specified in the Summary of Dental Plan Benefits Section, RLHICA will not be obligated to pay, in whole or in part, for any services, items or supplies to which the Deductible applies, until the Deductible amount is met.

Vision Exclusions and Limitations

Some brands of spectacle frames may be unavailable for purchase as Benefits, or may be subject to additional limitations. Covered Persons may obtain details regarding frame brand availability from their In-Network Provider or by calling the Member Services Department at 1-800-877-7195.

Patient Options

This Plan is designed to cover visual needs rather than cosmetic materials. When the Covered Person selects any of the following extras, the Plan will pay the basic cost of the allowed lenses or frames, and the Covered Person will pay the additional costs for the options.

Optional cosmetic processes; Anti-reflective coating; Color coating; Mirror coating; Scratch coating; Blended lenses; Cosmetic lenses; Laminated lenses; Oversize lenses; Polycarbonate lenses; Photochromic lenses, tinted lenses except Pink #1 and Pink #2; Progressive multifocal lenses; UV (ultraviolet) protected lenses; Certain limitations on low vision care.

Not Covered

- There are no Benefits for professional services or materials connected with: vices, items or supplies to which the Deductible applies, until the Deductible amount is met.
- Orthoptics or vision training and any associated supplemental testing.
- Plano lenses (less than a $\pm .50$ diopter power).
- Two pairs of glasses in lieu of bifocals.
- Replacement of lenses and frames furnished under this Plan that are lost or broken, except at the normal intervals when services are otherwise available.
- Medical or surgical treatment of the eyes.
- Corrective vision treatment of an Experimental Nature.
- Costs for services and/or materials above stated allowances.
- Services and/or materials not indicated on this Schedule as covered Plan Benefits.
- Contact lens modification, polishing or cleaning
- Local, state and/or federal taxes, except where RLHICA or its claims administrator is required by law to pay.
- Replacement of lost or damaged contact lenses, except at the normal intervals when services are otherwise available.



About Communicating for America

Individuals who purchase a Renaissance dental and/or vision insurance policy in specific states become members of Communicating for America, Inc. (CA), a nonprofit association that promotes the betterment of general health and welfare for all Americans, particularly those who are rural self-employed or own a small business. Non-insurance benefits included with membership are administered by CA.



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The Bridge to MedicareTM Plan

Short Term Medical Insurance and Limited Benefit Health Insurance

A health insurance solution for pre-Medicare individuals



This package includes two insurance certificates of short term medical insurance and limited benefit health insurance which are underwritten by Companion Life Insurance Company. Bridge to MedicareTM plans are available in AL, AR, FL, GA, KY, OH, PA, TX and VA. Non-insurance association membership benefits are provided by Communicating for America, LLC.

This is not Medicare or Medicare supplement coverage.

The Bridge to Medicare™ Plan

The Bridge to Medicare™ Plan combines health insurance coverage for larger expenses with fixed first dollar benefits to supplement many routine types of medical expenses. Plans also include prescription drug benefits and additional non-insurance medical services like telemedicine, reduced-cost vision exams and eyeglasses, hearing benefits and emergency helicopter services.

How Does The Bridge to Medicare™ Plan Work?

Two certificates of insurance are issued: a short term medical insurance policy (coverage A) and a limited benefit health insurance policy (coverage B) which are used in combination to provide coverage. The monthly premium for each insurance coverage is billed separately.

Coverage A

Coverage is for unexpected large medical expenses up to \$250,000 or \$500,000 each year. Here's how the plan works

- You are responsible for paying your deductible amount first, and then 20% or 30% of your medical bills up to a \$10,000 coinsurance limit. After you hit the \$10,000 limit, the plan will pay 100% of your covered expenses up to the 364 days maximum you have chosen for the policy
- Your out-of-pocket expenses are capped, up to a maximum covered amount each year

- Every 364 days a new policy begins – until Medicare eligible

Coverage B

Helps supplement the out-of-pocket cost of your medical expenses, giving you fixed, direct payments for when you have routine medical services like:

- Doctor office visits
- Preventive care
- Testing
- Outpatient surgery
- Short hospital stays and more!

Short Term Medical Insurance and Limited Benefit Health Insurance Disclosure

This coverage is not required to comply with certain federal market requirements for health insurance, principally those contained in the Affordable Care Act. Be sure to check your Policy/Certificate carefully to make sure you are aware of any exclusions or limitations regarding coverage of preexisting conditions or health benefits (such as hospitalization, emergency services, maternity care, preventive care, prescription drugs, and mental health and substance use disorder services). Your Policy/Certificate might also have lifetime and/or annual dollar limits on health benefits. If this coverage expires or you lose eligibility for this coverage, you might have to wait until an open enrollment period to get other health insurance coverage. Also, this coverage is not “minimum essential coverage.”

This plan has a pre-existing limitation provision that may prevent coverage from applying to medical conditions that existed prior to this plan effective date.

How Long Can I Keep The Bridge to Medicare™ Plan?

Beginning at age 62, eligible individuals can purchase up to three consecutive Bridge to Medicare™ plans that will cover you until you are eligible for Medicare. Each plan year new coverage periods would go into effect, starting with new deductibles, coinsurance and out of pocket maximums. Coverage can be canceled at any time.

Medicare Eligibility Rules

If you apply for Medicare in a timely manner according to Medicare guidelines, your coverage starts the first day of the month you turn 65 years of age unless your birthday is on the 1st of the month. If your birthday is on the 1st of the month, you become eligible on the 1st of the prior month. Your coverage under Bridge to Medicare™ will terminate the 1st of the month you turn age 65.

Advantages of The Bridge to Medicare™ Plan

- Open network – see any doctor or hospital
- Savings of 50% or more on health insurance costs every month compared to many other alternatives*
- Cash reimbursement for doctor office visits and preventive care
- Benefits targeted to your needs. Benefits like maternity coverage not included

Candidates For The Bridge to Medicare™ Plan

Pivot Health's Bridge to Medicare™ is for individuals and couples age 62-64 years and 11 months who are looking for a health insurance option before they are eligible for Medicare. This plan is also a solution for:

- Individuals who have left their employer health plan and want a different solution than COBRA
- Those who are in good health and don't have ongoing medical expenses
- Those seeking a temporary health plan as a result of a non-permanent need

If an insured relocates to a state where short term medical insurance forms are not available, a new policy cannot be issued at the expiration date of the policy currently in force.

* "Short-Term Health Plans Cost 80 Percent Less than Obamacare Plans Per Month," eHealth Insurance, Sept. 11, 2018.

This is not Medicare or Medicare supplement coverage.

Bridge to Medicare™ Plan Details

SHORT TERM MEDICAL INSURANCE BENEFITS

Temporary health insurance that covers traditional medical services for up to three 364-day policies until individuals are eligible for a Medicare plan. **Benefits based on each 364-day coverage duration, for covered expenses.**

	PLAN 1	PLAN 2	PLAN 3
Deductible †	\$10,000	\$7,500	\$5,000
Coinsurance (Plan Pays)	70%	70%	80%
Out-of-Pocket Coinsurance Maximum	\$10,000	\$10,000	\$10,000
Coverage Period Maximum	\$250,000	\$500,000	\$500,000
Prescription Deductible	\$500	\$500	\$0
Prescription Benefit	After \$500 Rx deductible, generic copay \$10, preferred \$50, non-preferred brand \$75. No specialty drugs.	After \$500 Rx deductible, generic copay \$10, preferred \$50, non-preferred brand \$75. No specialty drugs.	Generic copay \$10. After \$500 Rx deductible (does not apply to generics), preferred \$50, non-preferred brand \$75. No specialty drugs.
Outpatient Surgical Facility Deductible*	\$500	\$500	\$500
Additional Inpatient Admission Deductible	\$750	\$750	\$750
Additional Emergency Room Deductible**	\$450 plus deductible and coinsurance		
Inpatient Hospital	Subject to deductible and coinsurance		
Ground Ambulance	Up to \$1,000		
Air Ambulance	Up to \$2500		
Home Health Care	Up to 40 days		
Hospice	Up to \$2000		
Skilled Nursing Facility	Up to \$150 per day for a maximum of 60 days		
Mental Illness	Outpatient: \$50 per visit; 10 visit max; inpatient: \$100 per day, 31 day max		
Physical Therapy	\$50 per visit; 20 visit max		

† Family out-of-pocket deductible limit is three deductibles per family, per coverage period.

* Outpatient Surgical Facility Deductible: an additional deductible applied to the facility bill.

** Emergency Room Deductible: An additional deductible per visit is payable if not admitted to the hospital.

Bridge to Medicare™ Plan Details

LIMITED BENEFIT HEALTH INSURANCE			
<i>Fixed, first-dollar benefits that pay cash for everyday medical expenses. Benefits are per day, per plan year</i>			
OFFICE VISITS	PLAN 1	PLAN 2	PLAN 3
Doctor Office Visits	\$50 for 5 days	\$75 for 5 days	\$85 for 6 days
Preventive Care	\$100 for 1 day	\$100 for 1 day	\$150 for 1 day
Physical Therapy	N/A	\$75 for 5 days	\$85 for 6 days
Chiropractor	N/A	\$75 for 5 days	\$85 for 6 days
DIAGNOSTIC			
Outpatient Diagnostics	\$50 for 3 days	\$75 for 3 days	\$85 for 3 days
Advanced Diagnostics (MRI, CT, etc.)	\$250 for 1 day	\$250 for 1 day	\$500 for 1 day
SURGICAL BENEFITS			
Inpatient Surgery	N/A	\$250 for 1 day	\$250 for 1 day
Inpatient Anesthesia	N/A	\$62.50 for 1 day	\$62.50 for 1 day
Outpatient Surgery	N/A	\$250 for 1 day	\$250 for 1 day
Outpatient Anesthesia	N/A	\$62.50 for 1 day	\$62.50 for 1 day
Outpatient Surgery Facility	N/A	\$250 for 1 day	\$250 for 1 day
Outpatient Minor Surgery	\$75 for 1 day	\$75 for 1 day	\$75 for 1 day
EMERGENCY ROOM & AMBULANCE			
Emergency Room	\$150 for 1 day	\$150 for 1 day	\$200 for 1 day
Ground-Air-Water Ambulance	NA	\$300 for 1 day	\$300 for 1 day
INPATIENT HOSPITAL BENEFITS			
First Night Hospital Stay	\$250 for 1 day	\$250 for 1 day	\$250 for 1 day
Hospital Stay, Days 2-30*	\$100 for 30 days	\$250 for 30 days	\$500 for 30 days
ICU*	\$200 for 30 days	\$500 for 30 days	\$1000 for 30 days

** Hospital confinement and Intensive Care Unit confinement are not paid concurrently. Mental or nervous disorders confinement, substance abuse confinement, maternity and skilled nursing facility confinement are not eligible. Complications from pregnancy are covered. Benefits and exclusions vary by state. Policy form #LBHP 3250 DE.*

Short Term Medical Insurance

For the first 364-day policy, pre-existing conditions diagnosed within the sixty-month period immediately preceding such covered person's effective date are excluded for the first 12 months of coverage. (This exclusion does not apply to a newborn or newly adopted child who is added to coverage under this certificate.) For policy years two and three, refer to the policy for the pre-existing condition exclusion.

Pre-certification required for Inpatient care/surgery/ outpatient IV infusion and radiation.

Waiting Period: Covered Persons will be covered immediately for injuries as of the Covered Person's Effective Date of coverage. Otherwise, coverage for Sickneses begins 5 days after the Covered Person's Effective Date. Covered Persons receive benefits for Cancer that begins at least 30 days after the Covered Person's Effective Date.

Other Limitations and Exclusions

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

For dependents, routine pre-natal care, pregnancy, childbirth, and post-natal care. (This exclusion does not apply to "Complications of Pregnancy").

Weight modification or surgical treatment of obesity.

Injuries resulting from participation in any form of skydiving, scuba diving, auto racing, bungee jumping, hang or ultra light gliding, parasailing, sail planing, 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.

Modifications of the physical body in order to improve the psychological, mental or emotional wellbeing, such as sex-change surgery.

Surgeries, treatments, services or supplies for cosmetic or aesthetic reasons, except for that reconstructive surgery which is expressly covered under this certificate.

Any drug, treatment or procedure 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.

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

Treatment for cataracts.

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

Willfully self-inflicted injury or sickness.

Venereal disease, including all sexually transmitted diseases and conditions.

Immunizations and routine physical exams.

Care, treatment or supplies for the feet

Care and treatment for hair loss

Treatment of sleep disorders.

Organ or tissue transplants or related services.

Treatment for acne, moles, skin tags and other specific conditions of the skin and skin diseases.

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.

Chiropractic adjustments.

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):

- | | |
|---|--|
| • <i>Total or partial hysterectomy, unless it is medically necessary due to a diagnosis of carcinoma;</i> | • <i>Tympanotomy;</i> |
| • <i>Tonsillectomy;</i> | • <i>Repair of deviated nasal septum or any type of surgery involving the sinus;</i> |
| • <i>Adenoidectomy;</i> | • <i>Herniorraphy;</i> |
| • <i>Myringotomy;</i> | • <i>Cholecystectomy.</i> |

Limited Benefit Health Insurance

No benefits will be payable for expenses incurred as a result of a Pre-Existing Condition until the earlier of:

- (a) the end of a continuous period of 12 months commencing on or after the Covered Person's effective date of coverage under the Policy during all of which the Covered Person has received no medical advice or treatment in connection with such Pre-Existing Condition; or
- (b) coverage has been in effect under the Policy for 12 consecutive months.

Other Limitations and Exclusions

- (a) suicide or any attempt thereat, while sane;
- (b) any intentionally self-inflicted injury or Sickness;
- (c) rest care or rehabilitative care and treatment;
- (d) cosmetic surgery or care or treatment solely for cosmetic purposes, or complications therefrom. This exclusion does not apply to cosmetic surgery resulting from a covered Accident if initial treatment of the Covered Person is begun within 12 months of the date of the Accident;
- (e) immunization shots and routine examinations such as: health exams; periodic checkups; pre-marital exams; and routine physicals;
- (f) routine newborn care, including routine nursery charges;
- (g) voluntary abortion, except with respect to the Insured or covered Dependent spouse: (1) where such person's life would be endangered if the fetus were carried to term; or (2) where medical complications have arisen from an abortion;
- (h) normal pregnancy, except for Complications of Pregnancy;
- (i) the treatment of: (1) mental illness; (2) functional or organic nervous disorder, regardless of cause; (3) alcohol abuse; (4) drug use, unless such drugs were taken on the advice of a Physician and taken as prescribed for more than 10 days in any Benefit Year, with respect to payment of the Daily In-Hospital Indemnity Benefit;
- (j) participation in a riot, civil commotion, civil disobedience, or unlawful assembly. This does not include a loss which occurs while acting in a lawful manner within the scope of authority;
- (k) committing, attempting to commit, or taking part in a felony or assault, or engaging in an illegal occupation;
- (l) participation in a contest of speed in power driven vehicles, parachuting, parasailing, bungee-jumping, or hang gliding;

- (m) air travel, except: (1) as a fare-paying passenger on a commercial airline on a regularly scheduled route; or (2) as a passenger for transportation only and not as a pilot or crew member;

- (n) any Accident occurring as a result of the Covered Person being intoxicated (where the blood alcohol content meets the legal presumption of intoxication under the law of the state where the Accident took place);

- (o) sex changes;

- (p) experimental treatments or surgery;

- (q) the reversal of tubal ligation and vasectomies;

- (r) artificial insemination, in vitro fertilization, and test tube fertilization, including any related testing, medications, or Physician's services, unless required by law;

- (s) treatment of exogenous obesity or weight control;

- (t) an act of war, whether declared or undeclared, or while performing police duty as a member of any military or naval organization. This exclusion includes Accident sustained or Sickness contracted while in the service of any military, naval or air force of any country engaged in war.

- (u) accident or sickness arising out of and in the course of any occupation for compensation, wage or profit. Expenses which are payable under Occupational Disease Law or similar law, whether or not application for such benefits have been made;

- (v) air or ground ambulance service on Plan 1 only;

- (w) for loss incurred, care of treatment received, or hospital confinement occurring outside of the United States or its possessions (except in the case of an emergency)

- (x) Dentistry or oral surgery except: (1) Excision of impacted third molars; or (2) Closed or open reduction of fractures or dislocation of the jaw.

In addition to the Exclusions and Limitations for all coverages, the following are not covered under the Out-Patient Physician Office Visit Indemnity Benefit and the Outpatient Diagnostic X-Ray and Laboratory Indemnity Benefit: (a) visits made, examinations given, or x-rays or laboratory tests performed as an in-patient while Confined to a Hospital; (b) routine eye examinations or fitting of glasses; (c) fitting of hearing aids; (d) dental examinations or dental care other than expenses resulting from accidental injury; and (e) benefits which are provided under any other part of this Policy.



Eligibility

The Bridge to Medicare™ Plan is made available through Companion Life Insurance Company, and is for individuals who are between 62 and 64 years and 11 months of age, and their dependent spouses and children where all can answer “No” to all the questions in the application for insurance.

Termination of Coverage

Companion Life insurance 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’s coverage terminates or the dependent ceases to be eligible; 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. Coverage in good standing terminates the first of the month a member turns age 65.

Benefits

Benefits are limited to 125% Professional/150% Facility of the prevailing Medicare rate of reimbursement for Short Term Medical Insurance. Benefits under the Limited Benefit Health Insurance Plan are payable at the stated amount on the Schedule of Benefits.

About Companion Life Insurance Co.

Companion Life Insurance Company, is located in Columbia, S.C., and has specialized in insurance benefits for more than 40 years.

About Communicating for America

Individuals who purchase a Companion Life insurance policy in specific states become members of Communicating for America, Inc. (CA), a non-profit, 501(c)(5) association that promotes the betterment of general health and welfare for all Americans, particularly those who are self-employed in rural areas or own a small business. CA member benefits are administered by CA and are not affiliated with Companion Life Insurance Company.

Non-Insurance Benefits From CA

- Telemedicine reimbursement that includes low-cost doctor consultations
- Eyewear and hearing aid discounts
- Emergency helicopter evacuation
- Plus many more discounted benefits!

Rates Subject to Change

Premium rates for the short term medical insurance policy are age banded and subject to change at an attained age or with 60 days notice to the policyholder, Communicating with America, Inc.



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To access the Pivot Health Broker Portal for case listing, case effective date, plan type, product description and fulfillment materials go to: <https://www.pivotohealth.com/agent/admin/register>

Your Password is your Pivot Health Agent writing number. (Be sure to have your Pivot Health Agent writing number handy.)

- Once you register you will receive an email with a link to your personal agent portal. You will be directed to <https://www.pivotohealth.com/agent/admin/login/> to login in with a temporary password that is in the email. Enter the temporary password on the login page. You will immediately be prompted to change your password.
- Once your password is changed, you will have access to your portal.

After you are logged into the agent portal, you will be able to:

- Quote and enroll your clients.
- Email your clients a plan comparison so that they can choose the plan they want and enroll on their own.
- Review your cases' effective date, expiration date, premium amount and plan information
- At the top of your agent portal there is a button for **Agent Resources** where you can find downloadable brochures, marketing materials, training presentations and agent state specific resources. It is updated with new materials frequently. Please bookmark this webpage and refer to it frequently: <https://www.pivotohealth.com/agent-resources/>

- The order number is the first Policy number. The order date is the date the application is created.
 - Plan name, deductible, coverage maximum and fees.
 - Cost: monthly premium.
 - More than 90-day plans list multiple policies under an account.
 - You can quickly see if your client is active, pending or terminated.
- Green = Active
 - Yellow = Pending Effective Date
 - Red = Terminated

Order #	Plan Name	Effective Date	Expiration Date	Cost	Client Status
Order #149595 (04/30/2018)	Companion Economy (CLIC-STM-ECO-10000-100000)	05/04/2018	08/04/2018	\$151.42	Active
Order #149595 (04/30/2018)	Companion Choice (CLIC-STM-CHO-10000-100000-20)	05/04/2018	08/04/2018	\$59.35/mo	Active
Order #149595 (04/30/2018)	Companion Choice (CLIC-STM-CHO-2000-1000000-20)	05/04/2018	08/04/2018	\$59.35/mo	Active
Order #149594 (04/30/2018)	Companion Choice (CLIC-STM-CHO-2000-1000000-20)	05/04/2018	08/04/2018	\$59.35/mo	Active

Clicking on a policy period takes you to the member's fulfillment documentation including downloadable pdf of their ID card.

Fulfillment Package Includes:

- 2018 Health Insurance Tax Notice
- Enrollment Form
- Id Card Member FAQ
- Non-discrimination Statement Optional
- ACH Banking Form Policy of Insurance
- Prescription Mail Order Forms Privacy Policy
- Schedule of Benefits
- State Guaranty Notice

