



Pivot Health Anchor - Fixed Benefit Medical Insurance

Coverage to help secure your health and financial well-being



Affordable plans
that can fit
most budgets



Fixed benefits for
doctor office visits,
hospital stays and more



Predictable benefits
so you know exactly
how much is covered



Patient advocacy
services to help you
navigate healthcare

The Anchor plan is a medical insurance plan that empowers you to manage and control your healthcare.

Anchor is a fixed benefit health coverage. Benefits are not intended to cover all medical expenses. This is not a Medicare supplement policy.

THIS IS NOT QUALIFYING HEALTH COVERAGE ("MINIMUM ESSENTIAL COVERAGE") THAT SATISFIES THE HEALTH COVERAGE REQUIREMENT OF THE AFFORDABLE CARE ACT.

Fixed Benefit Medical Insurance Can Provide Security When You Need it Most

Fixed benefit medical insurance plans provide coverage in times of need. These health insurance plans can stand on their own or pair with another major medical or Medicare plan to give financial protection in the case of an unexpected injury or illness.

Anchor Plans Key Features

- Benefits for wellness care, doctor visits, hospital and surgical services
- Plans pay a fixed dollar amount to help cover out-of-pocket healthcare expenses
- Increased hospital confinement benefit after calendar year 1 for Select and Maximum plans
- No restrictions for network or specialist referrals
- Accidental death benefit



Optional Access to First Health PPO Network

Access to more than 6,100 hospitals, over 130,000 ancillary facilities and over 845,000 professional medical providers at over 1 million health care service locations*

Quick Guide to Anchor Plans

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The Anchor plan pays the fixed dollar amount for each type of healthcare service per calendar year as shown in the chart below. The amount you receive for medical services is the same regardless of where you receive care or how much the provider charges.

WELLNESS AND DOCTOR	VALUE	SELECT	MAXIMUM
Wellness Benefit - 1 per calendar year	\$75 per day	\$100 per day	\$125 per day
Physician Office Visit - 6 per calendar year	\$75 per day	\$100 per day	\$125 per day
Outpatient Injection - 2 per calendar year	\$15 per day	\$15 per day	\$15 per day
X-Ray, Echocardiography and Cardiovascular Ultrasound - 2 test days maximum per calendar year	\$75 per test day	\$75 per test day	\$75 per test day
Laboratory, Electrocardiography (EKG/ECG) and other diagnostic tests - 3 test days maximum per calendar year	\$75 per test day	\$75 per test day	\$75 per test day
Outpatient Radiation or Chemotherapy - 40 day maximum per calendar year	\$750 per day	\$750 per day	\$750 per day
Oral Chemotherapy - 3 month maximum per calendar year	\$1,000 per month	\$1,000 per month	\$1,000 per month
PRESCRIPTION DRUG			
Generic/ Brand Name Prescription - 2 prescription maximum per month	Discount Card Only	\$5 / \$20 benefit per prescription	\$10 / \$30 benefit per prescription
HOSPITAL			
Hospital Admission - per confinement	\$500	\$1,000	\$1,500
Hospital Confinement - Medical (365 day maximum per confinement) Calendar Year 1/ Year 2 / Year 3+ *	\$1,500 per day	\$2,000 / \$2,500 per day	\$3,000 / \$3,500 / \$4,000 per day
Intensive Care - Medical 30 day maximum per confinement	\$3,000 per day	\$4,000 per day	\$6,000 per day
Inpatient Physician Visit - Medical 1 visit/ per day during confinement	\$50 per day	\$50 per day	\$50 per day
Inpatient Pathologist / Radiologist - Medical maximum 2 tests per calendar year	\$50 per day	\$50 per day	\$50 per day
Advanced Studies - 1 per calendar year	\$1,000 per test day	\$1,000 per test day	\$1,000 per test day
Emergency Room - 1 per calendar year	\$750 per day	\$750 per day	\$750 per day

* Hospital confinement benefit increases on a calendar year basis starting in January after year 1 for Select and Maximum plans.

This brochure provides a very brief description of some of the important features of the policy. This is not an insurance contract.

The Anchor plan pays the fixed dollar amount for each type of healthcare service per calendar year as shown in the chart below. The amount you receive for medical services is the same regardless of where you receive care or how much the provider charges.

AMBULANCE	VALUE	SELECT	MAXIMUM
Ambulance Services Ground - 2 per calendar year	\$500 per day	\$500 per day	\$500 per day
Ambulance Services Air - 1 per calendar year	\$5,000	\$5,000	\$5,000
SURGERY			
Surgery (Inpatient or Outpatient) - Based on current RBRVS *	100% RBRVS	125% RBRVS	150% RBRVS
Anesthesia - % of Amount Paid for Surgery Benefit	25%	25%	25%
Assistant Surgeon - % of Amount Paid for Surgery Benefit	25%	25%	25%
Ambulatory Surgical Center (ASC)	\$500 per day	\$750 per day	\$1000 per day
2nd Surgical Opinion Benefit - 1 per calendar year	\$250 per day	\$250 per day	\$250 per day
CONTINUOUS CARE			
Continuous Care - 30 day maximum per calendar year	\$300 per day	\$300 per day	\$300 per day
MENTAL HEALTH			
Substance Abuse - 30 day maximum per calendar year	\$150 per day	\$150 per day	\$150 per day
Mental Illness - 30 day maximum per calendar year	\$150 per day	\$150 per day	\$150 per day
ACCIDENTAL DEATH			
Accidental Death	\$10,000	\$15,000	\$20,000
Accidental Death - Common Carrier	\$20,000	\$30,000	\$40,000

*Resource Based Relative Value Scale (RBRVS) is the physician payment system used by the Centers for Medicare & Medicaid (CMS) and most other payers. The RBRVS is based on the principle that payments for physician services should vary with the resource costs for providing those services and is intended to improve and stabilize the payment system while providing physicians an avenue to continuously improve it.

In the states of Louisiana, Michigan and New Mexico, RBRVS is not available. A fixed amount is paid for surgery (inpatient or outpatient) based on the plan type. Value pays \$1,000, Select pays \$1,250 and Maximum pays \$1,500.

Discover the advantages of a plan that goes beyond your standard medical plan.

Anchor fixed benefit medical plans provide advantages that go beyond your standard medical plan. The health care system can be challenging to navigate. These plans are designed to give members access to helpful resources through our patient advocacy partner, Point Health. Support is available to help locate healthcare facilities, choose a provider, find the lowest cost treatment plan, negotiate medical bills, and more.

Point Health offers a variety of services:

- Find the best provider to match needs and schedule appointments
- Search local pharmacies to find the best price on prescriptions
- Shop for the best surgical facility to meet specific needs
- Handle the transfer of medical records to the provider
- Help negotiate medical bills and lower out of pocket costs

This valued patient advocacy program included with each fixed benefit medical plan helps lead the way to optimal care. Members will receive guidance on healthcare navigation prior to service, and bill negotiation if needed, after services are performed.

Patient Advocates are available to help identify the best source of care, and help members save on out of pocket costs. Simply call 855-540-9507 or visit PointHealth.com/Member-Support.

For convenience, Point Health also offers a mobile application to shop and compare medical care and prescriptions, transfer medical records, and schedule your appointments, all at your fingertips.



Healthcare Navigation

61% Average Cost Savings through
healthcare recommendations

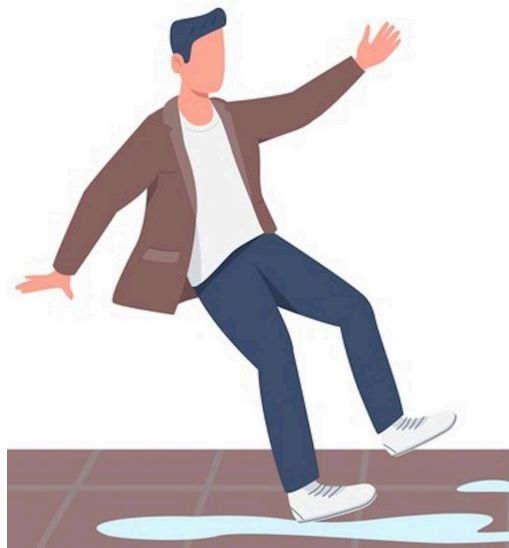


Bill Negotiation

\$384+ Million in Medical Bill Savings
for members on their negotiated bills

Meet Ryan

Six months ago, Ryan purchased an Anchor Select fixed benefit medical plan. He was looking for a plan that would cover common medical care such as doctor visits and prescriptions, but also to give him coverage in the case of an unfortunate circumstance. Recently, Ryan was dining on the outdoor patio of his home. He stepped away from the table for a moment and slipped on a wet spot of the deck. Ryan noticed a sharp pain in his left knee shortly after the fall. Remembering that his Anchor plan included telemedicine, he decided to contact a medical doctor via video chat. He was advised to seek medical attention right away. He immediately pulled up the Point Health mobile application and reached a Patient Advocate. Through the help of Point Health patient advocacy services, he was able to receive a cost estimate for a local facility. Hesitant to drive, he called for an ambulance. Shortly after, Ryan was escorted to the hospital.



Here's a snapshot of the benefits received through his Anchor Select plan for a torn ACL

- FREE video consultation with a medical doctor
- \$500 Ground Ambulance Transportation Benefit
- \$750 Emergency Room Benefit
- \$75 X-Ray Benefit
- \$15 Injection Benefit for Pain and Inflammation
- \$2,084 Surgery Benefit
- \$521 Anesthesia Benefit
- \$20 Name Brand Prescription Drug Benefit
- \$100 Follow Up Doctor Visit Benefit

\$4,065 TOTAL BENEFIT PAID TO RYAN

WAITING PERIOD LIMITATION:

Loss caused by or relating to Sickness, a Mental or Nervous Disorder or Substance Abuse will not be covered for the first 30 days after the Effective Date of each Covered Person.

PRE-EXISTING CONDITION LIMITATION:

Loss caused by or relating to a Pre-existing Condition is not covered for the first 12 months after the Effective Date of each Covered Person.

EXCLUSIONS:

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:

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;

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:

riding as a passenger in any aircraft not intended or licensed for the transportation of passengers; performing, learning to perform or instructing others to perform as a pilot or crew member of any aircraft; or riding as a passenger in an aircraft owned, leased or operated by the Covered Person's employer;

Declared or undeclared war, or any act of declared or undeclared war;

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.)

The Covered Person's being intoxicated (defined as blood alcohol concentration equal to or in excess of .08gms/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;

The Covered Person's : voluntary use of illegal drugs; the intentional taking of over the counter medication not in accordance with recommended dosage and warning instructions; and intentional misuse of prescription drugs;

The Covered Person's commission of or attempt to commit a felony;

The Covered Person's being engaged in an illegal occupation;

Services and supplies which are not Medically Necessary to treat a covered loss (other than as stated in the Wellness and Preventive Care Benefit);

Services and supplies which are received without charge and legal obligation to pay or would not normally be paid in the absence of insurance;

Services and supplies which are received outside of the United States of America, its possessions and territories;

Dental care or treatment unless due to an Injury to a sound and natural tooth;

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;

To repair a birth defect of a child born to You and continuously covered under Your Policy from birth; or for reconstructive surgery following a covered mastectomy.

Any covered loss that is covered under any state or federal Worker's Compensation, Policyholder's Liability law or similar law;

Any Mental or Nervous Disorder or Substance Abuse unless such coverage is expressly provided herein;

Any procedure for refractive correction, eye refraction or the purchase or fitting of vision or hearing aids, Cochlear Implants and related devices;

Pregnancy or maternity. Complications of Pregnancy are not excluded;

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, hand-gliding, base jumping, mountain climbing, bungee jumping, scuba diving, sail gliding, para-sailing, para-kiting, rock or mountain climbing, cave exploring, parkour, racing including stunt show or speed test of any motorized or non-motorized vehicle, rodeo activities, or similar hazardous activities. Also excluded is Injury received while practicing, exercising, undergoing conditional or physical preparation for such activity;

A custodial institution, domiciliary care or rest cures;

Weight reduction or treatment of obesity, including exogenous, endogenous or morbid obesity; or Diagnosis or treatment (including surgery) of sexual dysfunctional disorders or inadequacy, or transsexual surgery.

Free Look Period

If you are not 100% satisfied with your Standard Life and Accident Insurance Company plan, you may cancel within 30 days. Certificate of coverage will be cancelled as of the effective date and all fees and premium will be refunded.

Eligibility

Coverage is available on a simplified underwriting basis for adults 18-74 and unmarried children 0-25. Risk factors such as medical conditions, family history, lifestyle, build and occupation will be taken into consideration.

Termination of Coverage

Coverage under the Policy will cease at 12:01 a.m. for a Covered Person, based on the time zone in the place where You reside, on the earliest of the following: The date premiums are not paid in accordance with the terms of the Policy, subject to the Grace Period; On the next premium due date after the Company receives a written request from You to terminate coverage, or any later date stated in Your request; The date You perform an act or practice that constitutes fraud, or are found to have made an intentional misrepresentation of material fact, relating in any way to the Policy, including claims for benefits under the Policy; On the next premium due date after such Covered Person attains the Age of 75; or The date of Your death or the termination date of Your coverage, if Your spouse is not covered under the Policy.

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.

Prescription Drug Discount Card

Prescription drug coverage is a key part of a health plan for many individuals. These plans provide a prescription drug discount card to help members save on their medications. Anchor Select and Maximum plans offer fixed costs for name brand and generic prescriptions to help keep expenses in check.

Other Non-Insurance Benefits



Free and unlimited telemedicine doctor consultations 24/7 including dermatology consultations



Discounts on durable medical equipment

(POLICY FORM SL-ILM-19) underwritten by Standard Life and Accident Insurance Company, may not be available in all states. Rates and benefits may vary by state. See Outline of Coverage for a full list of benefits. This plan pays a fixed amount for services. Benefits may be assigned to the provider, or paid directly to the insured.