





# 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 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 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
<b>OFFICE VISITS</b> 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
<b>DIAGNOSTIC LAB &amp; X-RAY</b>				
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
<b>SURGICAL BENEFITS</b>				
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
<b>EMERGENCY ROOM</b>				
For Treatment of Sickness or Injury	\$150 for 1 day	\$150 for 1 day	\$200 for 1 day	\$200 for 1 day
<b>AMBULANCE</b>				
Ground, Air or Water	N/A	\$300 for 1 day	\$300 for 1 day	\$300 for 1 day
<b>INPATIENT HOSPITAL BENEFITS</b>				
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

<b>DISCOUNT BENEFITS</b>				
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:

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| <ul style="list-style-type: none"> <li>(a) suicide or any attempt threat, while sane;</li> <li>(b) any intentionally self-inflicted injury or Sickness;</li> <li>(c) rest care or rehabilitative care and treatment;</li> <li>(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;</li> <li>(e) immunization shots and routine examinations such as: health exams; periodic check-ups; pre-marital exams; and routine physicals;</li> <li>(f) routine newborn care, including routine nursery charges;</li> <li>(g) voluntary abortion, except with respect to the Insured or covered Dependent spouse:             <ul style="list-style-type: none"> <li>(1) where such person's life would be endangered if the fetus were carried to term; or</li> <li>(2) where medical complications have arisen from an abortion;</li> </ul> </li> <li>(h) normal pregnancy, except for Complications of Pregnancy;</li> <li>(i) the treatment of:             <ul style="list-style-type: none"> <li>(1) mental illness;</li> <li>(2) functional or organic nervous disorder, regardless of cause;</li> <li>(3) alcohol abuse;</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>(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;</li> <li>(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;</li> <li>(k) committing, attempting to commit, or taking part in a felony or assault, or engaging in an illegal occupation;</li> <li>(l) participation in a contest of speed in power driven vehicles, parachuting, parasailing, bungee-jumping, or hang gliding;</li> <li>(m) air travel, except:             <ul style="list-style-type: none"> <li>(1) as a fare-paying passenger on a commercial airline on a regularly scheduled route; or</li> <li>(2) as a passenger for transportation only and not as a pilot or crew member;</li> </ul> </li> <li>(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);</li> <li>(o) sex changes;</li> <li>(p) experimental treatments or surgery;</li> </ul> | <ul style="list-style-type: none"> <li>(q) the reversal of tubal ligation and vasectomies;</li> <li>(r) artificial insemination, in vitro fertilization, and test tube fertilization, including any related testing, medications, or Physician's services, unless required by law;</li> <li>(s) treatment of exogenous obesity or weight control;</li> <li>(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;</li> <li>(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;</li> <li>(v) Pre-Existing Conditions, except as described in the Schedule;</li> <li>(w) air or ground ambulance service;</li> <li>(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)</li> </ul> | <ul style="list-style-type: none"> <li>(y) Dentistry or oral surgery except:             <ul style="list-style-type: none"> <li>(1) Excision of impacted third molars; or</li> <li>(2) Closed or open reduction of fractures or dislocation of the jaw.</li> </ul> </li> </ul> <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"> <li>(a) visits made, examinations given, or x-rays or laboratory tests performed as an in-patient while Confined to a Hospital;</li> <li>(b) routine eye examinations or fitting of glasses;</li> <li>(c) fitting of hearing aids;</li> <li>(d) dental examinations or dental care other than expenses resulting from accidental injury; and</li> <li>(e) benefits which are provided under any other part of this Policy.</li> </ul> |
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#### 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.*