

# Marketing Guide for Producers

*For agent use only, not for distribution to consumer.*

*Provided by:*



This is not qualifying health coverage (minimum essential coverage) that satisfies the health coverage requirement of the Affordable Care Act. Individuals that don't have minimum essential coverage, you may owe an additional payment with their taxes.

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## Contact Information

Billing, claims and customer service is provided by Pivot Health's third party administrator, Insurance Benefit Administrators (IBA). Representatives at IBA can be reached Monday – Friday, 8:30 a.m. to 4:30 p.m. Central Standard Time.

**Telephone:** 844-630-7500 **Email:** [clientservices@insurancebenefitadministrators.com](mailto:clientservices@insurancebenefitadministrators.com)

Welcome to PivotCare, a limited medical benefit solution offered by Pivot Health!

Launched in 2016, Pivot Health is an insurance product development, management and marketing company led by an experienced team of health insurance professionals that has managed more than \$7 billion of insurance premium. The company has proprietary products and dedicated relationships with many national carriers. The founders of Pivot Health have led previous firms that were acquired by NYSE companies or that rank in the Top 100 for fastest growing private companies in the U.S. To date, our rapidly growing company serves thousands of contracted insurance offering plans through agent-assisted web pages.

We are backed by Axis Capital (NYSE:AXS) an international financial services company with more than \$21 billion in assets.

Pivot Health understands that changes happen in life.

- Major medical insurance becomes too costly.
- Children age off their parent's plan and don't have employer coverage.
- Couples decide to retire before they are eligible for Medicare.

And through it all we know that consumers want to be in control of their choices, doing what they think is best for them, often working with a trusted, licensed advisor.

That's why Pivot Health is a leading alternative in the marketplace, helping consumers move in any direction they need to go. And helping brokers and advisors serve them with technology-enabled tools, resources and solutions that are tailor made just for them.

Take a moment to review informational details and business rules for Pivot Health. If you have any questions, contact [agentsupport@pivothealth.com](mailto:agentsupport@pivothealth.com).  
Regards,

A handwritten signature in black ink, reading "Jeff Smedsrud". The signature is fluid and cursive, with the first name "Jeff" and last name "Smedsrud" clearly legible.

Jeff Smedsrud

## About Pivot Health

Launched in 2016, Pivot Health is an insurance product development, management and marketing company led by an experienced team of health insurance professionals that has managed more than \$7 billion of insurance premium. The company has proprietary products and dedicated relationships with many national carriers. The founders of Pivot Health have led previous firms that were acquired by NYSE companies or that rank in the Top 100 for fastest growing private companies in the U.S.

## About Standard Life & Accident Insurance Company

Standard Life & Accident Insurance Company has been providing realistic life and health products for over 60 years. The company has financial strength and stability with an “A” rating from A.M. Best.

## About Insurance Benefit Administrators

Plans sold through Pivot Health are administered by IBA, headquartered in Overland Park, KS, and offices in Rockford, IL. Since 1970 IBA has been a full service third-party administrator offering administration, risk assessment, premium billing, agent contracting and licensing, commission processing and claim processing with 145 employees, handling \$250 million in retail claims annually.



## PivotCare Product Advantages

- Affordable insurance that offers 5 benefit plan levels at rates that meet any budget
- Daily Inpatient benefits
- ICU benefits for up to 30 days
- Also includes inpatient / outpatient benefits for office visits, surgeries, x-ray/lab, ambulance, mental nervous and substance abuse
- Access to First Health, one of the nation's largest contracted medical provider networks
- Predictable, easy-to-use benefits with a fixed dollar amount that covers both in- and out-of-network providers
- No insurance deductibles or coinsurance limits to meet
- Provides fixed dollar benefit payments for both sickness and accident injuries regardless of other coverage payments or provider charges
- No specialist referrals or precertification required
- Critical illness coverage for invasive cancer, stroke, heart attack and end-stage kidney failure, optional benefit in Georgia\*
- Fracture, burn, dislocation benefits\*
- Ground and air ambulance benefits\*
- Discount prescription drug card\*
- Accidental death and common carrier life insurance benefits also included

*\* Covered Benefits vary by state*

## 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\*. To find a provider go to: <http://firsthealth.coventryhealthcare.com/locate-a-provider/>

**IMPORTANT NOTE:** It is not a requirement to use the network. Same fixed dollar benefits in First Health Network or other provider, but the insured can obtain lower contracted billed charges from providers by using First Health Network. Use of the network does not affect the Plans benefit payments, which are a fixed amount.

## Agent Appointment Checklist

Steps to get appointed to sell PivotCare:

- Complete and sign requisition for agent appointment form
- Provide copies of current individual licenses for each state in which you plan to write business
- Provide copy of agency license if commissions are paid to agency
- Provide copy of your Errors and Omission insurance
- Sign Pivot Health producer's agreement
- Agree to commission schedule
- Complete W-9
- Submit the above forms to your General Agent or [PHcontracting@pivothealth.com](mailto:PHcontracting@pivothealth.com)

Once appointed, you will receive your unique URL containing your writing number for application credit. Appointment fees will be deducted from your first commission check.

The pre-set dollar amounts listed below are what the insurance plan pays for specific health care services.

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
<b>PHYSICIAN'S OFFICE VISIT BENEFIT:</b>					
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
<b>WELLNESS BENEFITS:</b> Includes childhood immunizations, routine physical, pap test, colorectal screening, prostate screening, and routine mammography.					
Maximum one time per year	\$50	\$75	\$100	\$100	\$125
<b>EMERGENCY ROOM BENEFIT:</b>					
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
<b>HOSPITAL BENEFITS:</b>					
<b>Daily Hospital Confinement Benefit:</b>					
Injury	\$1,000	\$2,000	\$3,000	\$4,000	\$6,000
Sickness	\$500	\$1,000	\$1,500	\$2,000	\$3,000
<b>Max Hospital Confinement Benefit Period</b>					
Injury	365 days	365 days	365 days	365 days	365 days
Sickness	365 days	365 days	365 days	365 days	365 days
<b>Hospital Admission Benefit:</b>					
Injury	N/A	N/A	N/A	\$1,000	\$1,500
Sickness	N/A	N/A	N/A	\$500	\$750
<b>Intensive Care Unit Benefit:</b>					
<b>Daily Intensive Care Unit Benefit</b>					
Injury	\$2,000	\$4,000	\$6,000	\$8,000	\$12,000
Sickness	\$1,000	\$2,000	\$3,000	\$4,000	\$6,000
<b>Max Intensive Care Unit Benefit Period</b>					
Injury	30 days	30 days	30 days	30 days	30 days
Sickness	30 days	30 days	30 days	30 days	30 days
<b>OUTPATIENT DIAGNOSTIC X-RAY &amp; LABORATORY PROCEDURES BENEFIT:</b>					
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
<b>AMBULATORY SURGICAL CENTER BENEFIT:</b>					
Injury	\$100/Day	\$150 / Day	\$200 /Day	\$300 / Day	\$400/ Day
Sickness	\$50/Day	\$75/ Day	\$100 / Day	\$150 / Day	\$200 /Day
<b>SURGICAL AND ANESTHESIA BENEFIT:</b>					
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
<b>AMBULANCE BENEFIT:</b>					
<b>Ground Ambulance Benefit</b>					
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
<b>Air Ambulance Benefit</b>					
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
<b>CONTINUOUS CARE BENEFIT:</b> 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.					
<b>Daily Benefit</b>					
Injury	\$500	\$1,000	\$1,000	\$1,000	\$1,000
Sickness	\$250	\$500	\$500	\$500	\$500
<b>Max Continuous Care Benefit Period</b>					
Injury	30 days	30 days	30 days	30 days	30 days
Sickness	30 days	30 days	30 days	30 days	30 days
<b>INPATIENT MENTAL OR NERVOUS DISORDER BENEFIT:</b>					
Inpatient Benefit	\$100	\$150	\$150	\$200	\$300
Maximum Number of Days	30 days	30 days	30 days	30 days	30 days
<b>INPATIENT SUBSTANCE ABUSE BENEFIT:</b>					
Inpatient Benefit	\$100	\$150	\$150	\$200	\$300
Maximum Number of Days	30 days	30 days	30 days	30 days	30 days

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

The pre-set dollar amounts listed below are what the insurance plan pays for specific health care services.

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
<b>PHYSICIAN'S OFFICE VISIT BENEFIT:</b>					
Benefit	\$50	\$50	\$60	\$70	\$80
Maximum number of visits per year	2	2	3	3	4
<b>WELLNESS BENEFITS:</b> <i>Includes childhood immunizations, routine physical, pap test, colorectal screening, prostate screening, and routine mammography.</i>					
Maximum one time per year	\$50	\$75	\$100	\$100	\$125
<b>EMERGENCY ROOM BENEFIT:</b>					
Benefit	\$50	\$75	\$100	\$150	\$200
Maximum number of visits per year	1	1	1	1	1
<b>HOSPITAL BENEFITS:</b>					
<b>Daily Hospital Confinement Benefit:</b>					
Benefit	\$500	\$1,000	\$1,500	\$2,000	\$3,000
Max Hospital Confinement Benefit Period	365 days	365 days	365 days	365 days	365 days
<b>Hospital Admission Benefit:</b>					
Benefit	N/A	N/A	N/A	\$500	\$750
<b>Intensive Care Unit Benefit:</b>					
Benefit	\$1,000	\$2,000	\$3,000	\$4,000	\$6,000
Max Intensive Care Unit Benefit Period	30 days	30 days	30 days	30 days	30 days
<b>OUTPATIENT DIAGNOSTIC X-RAY &amp; LABORATORY PROCEDURES BENEFIT:</b>					
Benefit	\$25	\$50	\$75	\$100	\$200
Maximum Number of Test Days	2	2	2	2	2
<b>AMBULATORY SURGICAL CENTER BENEFIT:</b>					
Benefit	\$50/Day	\$75/Day	\$100/Day	\$150/Day	\$200/Day
<b>SURGICAL AND ANESTHESIA BENEFIT:</b>					
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
<b>AMBULANCE BENEFIT:</b>					
<b>Ground Ambulance Benefit</b>					
Benefits	\$100	\$125	\$150	\$150	\$200
Maximum Number of Days	2 per year	2 per year	2 per year	2 per year	2 per year

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



	PLAN 1	PLAN 2	PLAN 3	PLAN 4	PLAN 5
<b>Air Ambulance Benefit</b>					
Benefits	\$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
<b>CONTINUOUS CARE BENEFIT:</b> 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					
Benefit	\$250	\$500	\$500	\$500	\$500
Max Continuous Care Benefit Period	30 days	30 days	30 days	30 days	30 days
<b>INPATIENT MENTAL OR NERVOUS DISORDER BENEFIT:</b>					
Inpatient Benefit	\$100	\$150	\$150	\$200	\$300
Maximum Number of Days	30 days	30 days	30 days	30 days	30 days
<b>INPATIENT SUBSTANCE ABUSE BENEFIT:</b>					
Inpatient Benefit	\$100	\$150	\$150	\$200	\$300
Maximum Number of Days	30 days	30 days	30 days	30 days	30 days

## **Additional Benefits Included**

- Fracture, burn dislocation benefits
- Ground and air ambulance benefits

## **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

## **Underwriting Guidelines:**

- Primary applicant must be 30-days to 64 years of age.
- Child 30 days old must pass 4-week physical check - up.

## **Addition of Family Members**

Eligible family members may be added by completing a new business application. All underwriting requirements must be met.

## **Addition of Newborn and Adopted Children**

Primary Insured must notify IBA of newborn or adopted child within 31 days of birth or placement. Provide name of the child, gender, date of birth, placement, or adoption. Newborns over 31 days old or children adopted over 31 days prior will require a completed new business application and are subject to underwriting if dependent coverage is not on the plan.

## **Child Only Applications**

Place the adult applicants name in the applicant box and identify the child insured in the dependent box. The adult applicant who can attest to the child's health should sign as the applicant.

## **Free Look Period**

Within 30 days after receipt of the policy, the insured can cancel the policy. Pivot Health will reimburse premiums excluding fees.

## **Grace Period**

There is a Grace Period of 31 days from the date the premium is due. The policy will stay in force during the 31 days.

## **Simplified Underwriting Criteria**

A 'yes' answer to any of the Underwriting questions will disqualify an applicant from coverage. If the dependent is disqualified, the other dependents and primary insured could still apply for coverage. Remove the disqualified dependent and continue working through the underwriting process.

## Coverage on an individual will be declined if:

1. Any Applicant or Proposed Insured 15 years and older, who falls outside the Height and Weight range on this chart is not eligible for coverage.

HEIGHT	FEMALE		MALE	
	Minimum Weight	Maximum Weight	Minimum Weight	Maximum Weight
4'8"	78	175	83	175
4'9"	81	180	86	180
4'10"	84	185	89	185
4'11"	87	190	92	190
5'0"	90	196	95	196
5'1	93	202	98	202
5'2	96	208	101	208
5'3	99	214	104	214
5'4	102	220	107	220
5'5	105	226	110	226
5'6	108	232	113	232
5'7	111	238	116	238
5'8	114	244	119	244
5'9	118	250	123	250
5'10	122	256	127	256
5'11	126	262	131	262
6'0"	130	269	135	269
6'1"	134	276	139	276
6'2"	138	283	143	283
6'3"	143	290	148	290
6'4"	148	297	153	297
6'5"	153	304	158	304
6'6"	158	311	163	311

2. Applicants is pregnant, an expectant parent, or in process of adoption or undergoing infertility treatment.

3. If any person to be insured is not a United States citizen, they cannot have resided outside the United States at any time during the prior 12 months.

**4.** If applicant is unemployed or in the last 2 years has been employed in specified hazardous occupation or other activities 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
- 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 activities

**5.** In past 2 years, had driver's license suspended, 3 or more traffic violations, had DUI or been arrested.

**6.** In past 2 years, been advised to have medical test or procedure that has not yet been performed.

**7.** Within last 5 years, had abnormal test results, been diagnosed or treated for AIDS or tested positive for HIV.

**8.** Within last 5 years, diagnosis, symptoms, abnormal test result or any treatment for any of the major conditions listed on application

- Hepatitis B or C / Lupus Erythematosus
- Melanoma Cancer/Internal Cancer (does not include skin cancer)
- Alcohol or Drug Abuse / Substance Abuse
- Arterial Disease/Heart disease or Heart Surgery/Heart Attack/Heart Surgery/Peripheral Vascular Disease
- Bipolar Disorder/Manic Depression/Major Depression
- Insulin Dependent Diabetes (Does Not include Type II Diabetics)
- Cerebrovascular Accident (CVA/Stroke / Transient Ischemic Attack (TIA)
- Chronic Obstructive Pulmonary Disease (COPD)/Emphysema/Lung Disease
- Osteoporosis with History of Bone Fracture/Rheumatoid Arthritis
- Cirrhosis/Liver Disease/Kidney Disease//Organ Failure/Organ Transplant
- Bone Disease (Examples include: Herniated Disc, Paget's Disease, Crippling Osteoarthritis, osteonecrosis, Sciatica)
- Muscle Disease (Examples include Polymyositis, Myeloma, Myopathy, Myasthenia Gravis)


Important Note: Medical questions may vary in some states

## Quoting Process:

Below are the screenshots of the quote and enrollment process. There are in total five steps to the process which takes an average of about three minutes to complete.


### Co-Branded Landing Page

Once you are appointed with Pivot Health to sell the PivotCare products, you will receive a customized URL link which includes the agent writing number to assign corresponding business.



Your  
Logo  
Here

Agent Name  
Agent Telephone #  
Agent email Address



### A NEW KIND OF HEALTH INSURANCE

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

### WELCOME TO PIVOTCARE

- Affordable plans that can fit any budget
- Set dollar amounts 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 provider networks

With PivotCare, consumers have access to low-cost medical plans that empower them to manage and control their health care.

[FIND PLANS](#)

This is limited benefit fixed indemnity accident and sickness coverage. Benefits are not meant to cover all medical expenses. Plan benefits vary by state.

### Demographic Census Information and Desired Effective Date

Add demographic information for applicant and dependence.

CENSUS | QUOTES | ELIGIBILITY | APPLICANT INFO | BILLING & PAYMENT | TERMS

Agent Name  
Agent Telephone #  
Agent email Address

Your information allows us to provide accurate quotes for plans that fit your needs. Your information is secure, private, and won't be sold. Understand that you're answering questions for everyone covered, not just yourself.

\* - Required Field

LOCATION

\* Zip Code  
61107

APPLICANT

\* Date of Birth  
09/15/1995

\* Sex  
☒ Male ☐ Female

\* Email Address  
lgmail.com

SPOUSE / DOMESTIC PARTNER

+ Add Spouse

Child

+ Add Child

COVERAGE DATE

\* Requested Effective Date  
08/24/2017

## Quote Page

Compare plans. Click “Details” for a more in depth view on benefits.

CENSUS | **QUOTES** | ELIGIBILITY | APPLICANT INFO | BILLING & PAYMENT | TERMS

Agent Name  
Agent Telephone #  
Agent email Address

Your information allows us to provide accurate quotes for plans that fit your needs. Your information is secure, private, and won't be sold. Understand that you're answering questions for everyone covered, not just yourself.

PIVOTCARE				
Plan #1 * <a href="#">Details</a>				
<b>\$62.00/mo*</b> Plus one-time \$20 enrollment fee <small>*includes \$47 of premium and a \$15 monthly administrative services fee</small>	<b>PHYSICIAN'S OFFICE VISIT BENEFIT</b> Injury: \$100 Sickness: \$50	<b>HOSPITAL BENEFITS</b> Injury: \$1,000 Sickness: \$500	<b>SURGICAL AND ANESTHESIA BENEFIT</b> Surgery Benefit: \$500 Anesthesia Benefit: \$100	<b>EMERGENCY ROOM BENEFIT</b> Injury: \$100 Sickness: \$50
Buy This Plan	<ul style="list-style-type: none"> <li>Air &amp; Ground Ambulance</li> <li>Diagnostic x-ray, Lab Benefit</li> <li>Accidental Death Benefit</li> </ul>			

PIVOTCARE				
Plan #2 * <a href="#">Details</a>				
<b>\$89.00/mo*</b> Plus one-time \$20 enrollment fee <small>*includes \$74 of premium and a \$15 monthly administrative services fee</small>	<b>PHYSICIAN'S OFFICE VISIT BENEFIT</b> Injury: \$100 Sickness: \$50	<b>HOSPITAL BENEFITS</b> Injury: \$2,000 Sickness: \$1,000	<b>SURGICAL AND ANESTHESIA BENEFIT</b> Surgery Benefit: \$1,000 Anesthesia Benefit: \$200	<b>EMERGENCY ROOM BENEFIT</b> Injury: \$150 Sickness: \$75
Buy This Plan	<ul style="list-style-type: none"> <li>Air &amp; Ground Ambulance</li> <li>Diagnostic x-ray, Lab Benefit</li> <li>Accidental Death Benefit</li> </ul>			

PIVOTCARE				
Plan #3 * <a href="#">Details</a>				BEST SELLER
<b>\$111.00/mo*</b> Plus one-time \$20 enrollment fee <small>*includes \$96 of premium and a \$15 monthly administrative services fee</small>	<b>PHYSICIAN'S OFFICE VISIT BENEFIT</b> Injury: \$120 Sickness: \$60	<b>HOSPITAL BENEFITS</b> Injury: \$3,000 Sickness: \$1,500	<b>SURGICAL AND ANESTHESIA BENEFIT</b> Surgery Benefit: \$1,000 Anesthesia Benefit: \$200	<b>EMERGENCY ROOM BENEFIT</b> Injury: \$200 Sickness: \$100
Buy This Plan	<ul style="list-style-type: none"> <li>Air &amp; Ground Ambulance</li> <li>Diagnostic x-ray, Lab Benefit</li> <li>Accidental Death Benefit</li> </ul>			

## Plan Details

Click “(+) plus or (-) minus” signs to expand or contract benefit summary

CENSUS | **QUOTES** | ELIGIBILITY | APPLICANT INFO | BILLING & PAYMENT | TERMS

Agent Name  
Agent Telephone #  
Agent email Address

Your information allows us to provide accurate quotes for plans that fit your needs. Your information is secure, private, and won't be sold. Understand that you're answering questions for everyone covered, not just yourself.

<a href="#">RETURN TO QUOTE PAGE</a>		<a href="#">BUY PLAN</a>	
			<b>\$89.00/mo</b> Plus one-time \$20 enrollment fee
-	<b>PHYSICIAN'S OFFICE VISIT BENEFIT</b>	+	
	Injury	\$100	
	Maximum number of visits per year	2	
	Sickness	\$50	
	Maximum number of visits per year	2	
-	<b>WELLNESS &amp; PREVENTATIVE CARE BENEFIT</b>	+	
	Benefit Amount	\$75	
	Maximum Number of visits per Year	1	
-	<b>EMERGENCY ROOM BENEFIT</b>	+	
	Injury	\$150	
	Maximum number of visits per year	2	
	Sickness	\$75	
	Maximum number of visits per year	1	

## Eligibility Page (8 Yes/No Questions)

### Application process

CENSUS | QUOTES | **ELIGIBILITY** | APPLICANT INFO | BILLING & PAYMENT | TERMS

Agent Name  
Agent Telephone #  
Agent email Address

Your information allows us to provide accurate quotes for plans that fit your needs. Your information is secure, private, and won't be sold. Understand that you're answering questions for everyone covered, not just yourself.

\* - Required Field

Applicant Date of Birth  Height  ft  in Weight  Gender

- |  | Yes                   | No                               |
|--|-----------------------|----------------------------------|
| Is the Applicant or any Proposed Insured unemployed (does not include homemaker, students or children) or engaged in any of the following occupations: Active Military/Asbestos workers/Nuclear Energy Workers/Crop-dusters/Explosives/Hazardous Chemical Exposure or Toxic Waste workers/Offshore oil well drilling or operations workers/Professional athletes/Quarry workers or underground miners/Stunt or acrobatic flying? | <input type="radio"/> | <input checked="" type="radio"/> |
| Has the Applicant or any proposed Insured been disabled or hospitalized in the last 6 months?  | <input type="radio"/> | <input checked="" type="radio"/> |
| Is the Applicant or any Proposed Insured currently pregnant, an expectant parent, or in the process of adopting a child?   | <input type="radio"/> | <input checked="" type="radio"/> |
| Has the Applicant or any Proposed Insured participated in skydiving, hang gliding, parachuting, bungee jumping, rock or mountain climbing, scuba diving at depths over 200 FT, motorcycle racing or any type of racing, professional sports, piloting an aircraft as an instructor, student or crop duster, or rodeo events?   | <input type="radio"/> | <input checked="" type="radio"/> |
| In the past 2 years, has the Applicant or any Proposed Insured had a drivers license suspended, had 3 or more traffic violations, DWI/DUI/OUI's or been arrested?  | <input type="radio"/> | <input checked="" type="radio"/> |
| In the past 2 years, has the Applicant or any Proposed Insured been advised to have any diagnostic/screening test or procedures which have not yet been performed?   | <input type="radio"/> | <input checked="" type="radio"/> |

## Application Page

CENSUS | QUOTES | ELIGIBILITY | **APPLICANT INFO** | BILLING & PAYMENT | TERMS

Agent Name  
Agent Telephone #  
Agent email Address

Your information allows us to provide accurate quotes for plans that fit your needs. Your information is secure, private, and won't be sold. Understand that you're answering questions for everyone covered, not just yourself.

\* - Required Field

#### APPLICANT

\* First Name  M.I.  \* Last Name   
\* Home Address  \* Phone Number  Alt. phone Number   
Social Security Number  
(The SSN is optional but will allow better service.)   
\* City  \* State  \* Zip Code

#### DEPENDENTS

Continue



## Billing & Payment Page

CENSUS | QUOTES | ELIGIBILITY | APPLICANT INFO | **BILLING & PAYMENT** | TERMS

Agent Name  
Agent Telephone #  
Agent email Address

Your information allows us to provide accurate quotes for plans that fit your needs. Your information is secure, private, and won't be sold. Understand that you're answering questions for everyone covered, not just yourself.

\* - Required Field

APPLICANT ☐ Does Billing Address Differ?

PAYMENT

\* Payment Method

☒ Credit Card ☐ Bank Account (for 2nd and subsequent payments)

\* Credit Card Number

40070000000027

\* CSC

123

\* Card Expiration Date

12

/

19

Applications taken orally over the phone with the applicant will require a third-party verification call. The agent will need to call the third-party verifier and conference the applicant in, or allow the applicant to call the number themselves. The call and responses will be recorded. At the end of the session when completed, the applicant or agent will be given a verification code that will need to be entered into the website for the transactions to proceed to completion.

When an agent is just assisting the applicant with the application, such as when sharing the screen, the applicant will be required to complete a very short verification through the third-party verification vendor. A verification code will be provided after the call that will be needed to be entered into the website for the transaction to proceed.

### Voice verification live operators are available:

Monday – Saturday 8 am to 11 pm Central Time

Sunday – 9 am to 11 pm Central Time

Closed Thanksgiving, Christmas and New Years Day. Additional holiday hours vary.



## Terms and Conditions Page

### TERMS & CONDITIONS

Please check each box to acknowledge you have read and understand the following:

#### DECLARATION AND AGREEMENT

I/we have personally completed and reviewed all the answers to the questions in this Application and represent that all information provided is true, complete, and correctly recorded. I/we understand that this information will be used to determine each person's eligibility for coverage under the Policy and any false statement or misrepresentation may result in loss of coverage or claim denial. The Applicant (and Spouse or Dependent if coverage elected) must be eligible based on the Company's rules in effect on the date of Application and on the Policy Effective Date. Policy coverage (or Reinstatement of coverage), if issued and approved by the Company, will become effective on the date recorded in the Policy Schedule of Benefits and not the date this Application is signed. I/We understand that no agent or producer can accept risks, modify policies, or waive any rights or requirements of the Company. If this Application is completed electronically, I/we agree that my/our electronic signature serves as my/our original signatures.

**ACKNOWLEDGEMENT** I/we understand that the coverage applied for provides limited benefits and is not a major medical or comprehensive medical benefit plan and is not a substitute for such coverage. The Policy is limited and is not designed to cover all medical expenses. No benefits are payable for sickness during the first 30 days following the Policy Effective Date and that pre-existing conditions are excluded for 12 months.

**WARNING** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

Other than providing you a URL link to apply for coverage, did your agent assist you in any way? If yes, please dial [888-320-8912](tel:888-320-8912), to be connected with one of our preferred partners who will verify your application information over the phone. ☒ Yes ☐ No

Please wait a moment while we connect you to one of our preferred partners who will verify your application information over the phone.

Phone Verification #

1770001

☒ **VOICE CONSENT/SIGNATURE** (if applying for coverage) We want to confirm that you agreed to the completion of your application for the Limited Benefit Plan over the telephone or directly online, and that the plan benefits, legal notices and cost of the insurance were reviewed with you. You agree that your voice consent will serve as your signature and you understand that Pivot Health will rely on your signature.

Applicant Signature

Test Person

Date

06/27/2017

City

Rockford

State

IL

☒ **THIS IS A LIMITED BENEFIT POLICY. THIS IS A SUPPLEMENT TO HEALTH INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE. LACK OF MEDICAL COVERAGE (OR OTHER MINIMUM ESSENTIAL COVERAGE) MAY RESULT IN AN ADDITIONAL PAYMENT WITH YOUR TAXES. PLEASE REVIEW THE POLICY CAREFULLY. I CONFIRM THAT I HAVE READ AND UNDERSTAND THE ABOVE.**

[Buy Plan](#)

## Confirmation Email

### Welcome to Pivot Health and Your New Medical Benefits

**RE: Primary Insured First & Last Name**

**Policy Effective Date: 06/27/2017**

Thank you for trusting Pivot Health for your PivotCare fixed indemnity health insurance needs.

Your health insurance certificate and medical ID card will be mailed to you shortly. When you receive your fulfillment information, please take a moment to review your insurance certificate and the outline of coverage that are included in your packet.

In addition to PivotCare benefits, your medical ID card includes a free discount prescription drug program through Healthcare Highways. Be sure to share the ID card with your pharmacy the next time you pick up a prescription to see if you qualify for discounts.

If you have any questions about your insurance benefits, please call customer service at 866-566-2707.

We value each and every one of our customers, and look forward to serving you.

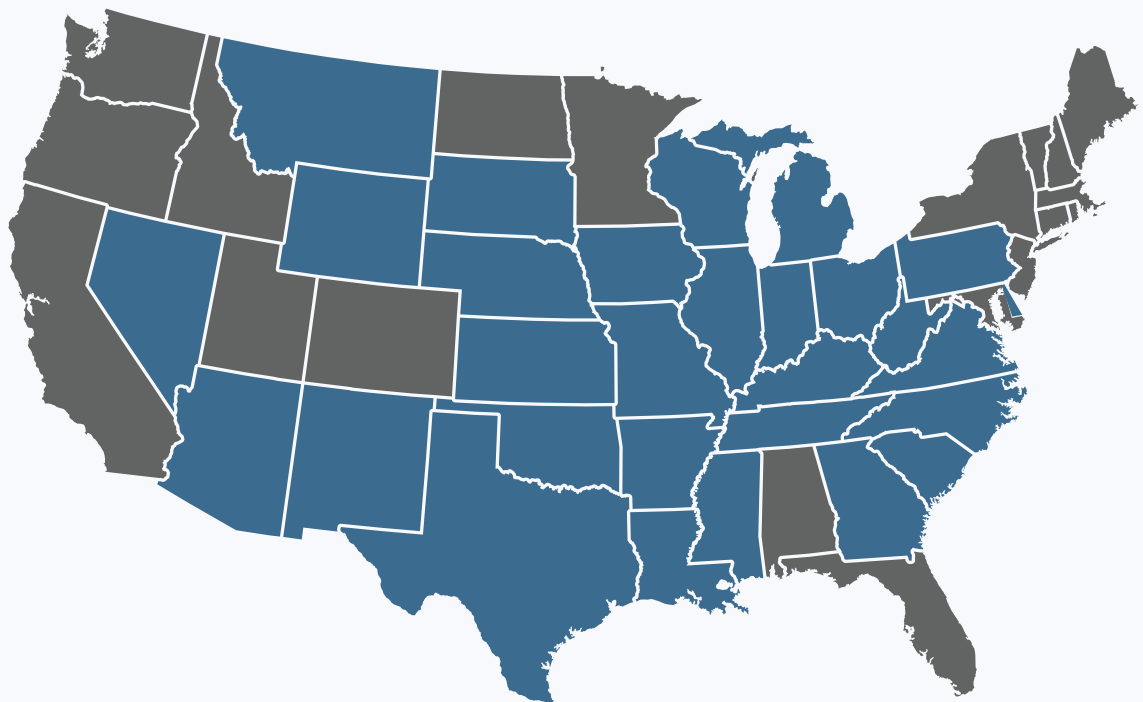
Sincerely,  
Pivot Health

## State Availability

Arizona	Iowa	Montana	Pennsylvania	West Virginia
Arkansas	Kansas	Nebraska	South Carolina	Wisconsin
Delaware	Kentucky	Nevada	South Dakota	Wyoming
Georgia	Michigan	North Carolina	Tennessee	
Illinois	Mississippi	Ohio	Texas	
Indiana	Missouri	Oklahoma	Virginia	

**PIVOT** HEALTH

Pivot Health Limited Medical Availability (SLAICO)



■ Coverage Available Now  
■ Coverage Not Available

LMMAP0817

# Limitations and Exclusions

## Waiting Period Limitation

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.

## Pre-Existing Condition Limitation

Pre-Existing Condition Limitation means a condition not otherwise excluded by name or specific description

1. for which medical advice, testing, care, treatment or medication was given or was recommended by, or received from, a Physician within 12 months before the Covered Person's Effective Date; or
2. that would have caused a reasonably prudent person to seek medical diagnosis or treatment within 12 months before the Covered Person's effective date.

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; 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;

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

g. The Covered Person being engaged in an illegal occupation;

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

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

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

k. Dental care or treatment unless due to an injury to a sound and natural tooth;

l. 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.

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;

m. Any procedure for refractive correction, eye refraction or the purchase or fitting of vision or hearing aids, cochlear implants and related

n. devices;

o. Pregnancy or maternity unless such coverage is expressly provided herein. Complications of Pregnancy are not excluded;

p. 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;

q. A custodial institution, domiciliary care or rest cures;

r. Weight reduction or treatment of obesity, including exogenous, endogenous or morbid obesity; or

s. 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	<p>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."</p> <p>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"</p>																		
Indiana	SL-VERSEP12-IN	Revised exclusion e. "The Covered Person's being intoxicated"																		
Kansas	SL-VERSEP12-KS	<p>Preventive care is included with wellness benefit.</p> <p>Inpatient substance abuse and mental illness benefits are revised and outlined below.</p> <p>No waiting period limitation.</p> <p>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."</p> <p>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."</p> <p>General anesthetic benefit - dental care: Up to \$200 per day, 2 times a year</p> <p>Prostate cancer screening benefit: \$30 per day, 1 time per year</p> <p>Diabetes benefit: \$30 per calendar year</p> <p>Breast reconstruction: Lifetime maximum benefit of \$250 per Covered Person</p> <p>Mammography: \$30 per test day</p> <p>Pap smear: \$30 per test day</p> <p>Osteoporosis: \$30 per calendar year</p> <p>Inpatient mental illness, alcoholism, drug abuse and substance use disorders benefits</p> <table><tr><th></th><th>Plan 1</th><th>Plan 2</th><th>Plan 3</th><th>Plan 4</th><th>Plan 5</th></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> <p>Minimum benefit for treatment of mental illness: 45 days per calendar year</p> <p>Minimum benefit for treatment of alcoholism, drug abuse or substance abuse disorders: 30 days per calendar year</p> <p>Lifetime maximum for outpatient treatment of mental illness, alcoholism, drug abuse or substance use disorders: \$15,000 per Covered Person</p>		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															

State	Policy Form Number	Differences										
Missouri	SL-VERSEP12-MO	<p>No waiting period limitation.</p> <p>Wellness and Preventive Services are not available.</p> <p>Common carrier life insurance benefits are not available.</p> <p>Revised exclusion i. "Services and supplies that are not medically necessary to treat a covered loss."</p> <p>Exclusion o. has been struck from the state of Missouri's exclusions and limitations.</p> <p>Revised exclusion p. "Pregnancy or maternity: Complications of pregnancy are not excluded."</p>										
Montana	SL-VERSEP12-MT	<p>No waiting period limitation.</p> <p>f. "The Covered Person's commission of or attempt to commit a felony" is not applicable in Montana.</p> <p>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.</p> <p>q. "Pregnancy or maternity unless such coverage is expressly provided herein. Complications of pregnancy are not excluded." is not applicable in Montana.</p> <p>Addition: Severe mental illness</p> <table><tr><td>Plan 1</td><td>Plan 2</td><td>Plan 3</td><td>Plan 4</td><td>Plan 5</td></tr><tr><td>\$50/day 2 times a year</td><td>\$50/day 2 times a year</td><td>\$60/day 3 times a year</td><td>\$70/day 3 times a year</td><td>\$80/day 4 times a year</td></tr></table> <p>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."</p>	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
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								
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."										
Nevada	SL-VERSEP12-NV	Intoxication and illegal drug exclusion does not apply.										
North Carolina	SL-VERSEP12-NC	<p>Revised exclusion: c. "Declared or undeclared war, or any act of declared or undeclared war, but does not include an act of terrorism"</p> <p>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."</p> <p>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."</p> <p>Revised exclusion o. "Treatment of any mental or nervous disorder or substance abuse unless such coverage is expressly provided herein"</p>										



State	Policy Form Number	Differences
Ohio	SL-VERSEP12-OH	<p>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)"</p> <p>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"</p> <p>Revised exclusion k. "A Covered Person's treatment received outside of the United States of America, its possessions and territories"</p> <p>Revised exclusion q. "Pregnancy or maternity. Complications of pregnancy are not excluded"</p> <p>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.</p>
Oklahoma	SL-VERSEP12-OK	<p>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"</p> <p>Revised exclusion e. "The Covered Person's being under the influence of any narcotic, unless administered on the advice a doctor"</p> <p>Revised exclusion f. "The Covered Person's drug addiction"</p> <p>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."</p> <p>Exclusion r. does not apply for the state of Oklahoma.</p>
Pennsylvania	SL-VERSEP12-PA	<p>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.</p> <p>Revised exclusion a. "Suicide or any attempt at suicide or intentionally self-inflicted injury"</p> <p>Revised exclusion b. "Any occupation that includes the piloting or aerial navigation of an airplane or other aerial or flying device or machine"</p> <p>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"</p> <p>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"</p> <p>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."</p> <p>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"</p>
South Carolina	SL-VERSEP12-SC	<p>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."</p>

State	Policy Form Number	Differences
South Dakota	SL-VERSEP12-SD	<p>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."</p> <p>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"</p> <p>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"</p> <p>Deleted exclusion h., "The Covered Person being engaged in illegal occupation"</p> <p>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"</p>
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	<p>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!"</p> <p>Hospital Confinement - Accident, Maximum Number of Days: 365, Hospital Confinement - Illness, Maximum Number of Days: 365</p> <p>Intensive Care - Accident, Maximum Number of Days - 30, Intensive Care - Illness, Maximum Number of Days - 30</p> <p>Continuous Care - Accident, Maximum Number of Days - 30, Continuous Care - Sickness, Maximum Number of Days - 30</p> <p>Substance Abuse, Maximum Number of Days - 30</p> <p>Mental Illness, Maximum Number of Days - 30</p> <p>Dislocation, fracture and burn benefits not available.</p> <p>Critical illness benefit not available.</p> <p>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."</p> <p>Revised exclusion a. "Suicide (sane or insane), attempted suicide or intentionally self-inflicted injury"</p> <p>Revised exclusion b. "Piloting or co-piloting a vehicle used for aerial navigation"</p> <p>Revised exclusion e. "Alcoholism or drug addiction unless such coverage is expressly provided herein"</p> <p>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"</p> <p>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"</p> <p>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"</p>

State	Policy Form Number	Differences
		<p>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"</p> <p>Exclusion r. deleted, "Participating in hazardous occupations ..."</p> <p>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."</p>
West Virginia	SL-VERSEP12-WV	<p>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."</p>



## Claims Processing

Claims are processed and paid by IBA, and insureds should contact Allied for all questions regarding claims. They can be reached Monday – Friday, 8:30 a.m. to 4:30 p.m. Central Time. Missing or incorrect information may result in a delay in processing the claim. Claims should be submitted to: .

**Telephone:** 844-630-7500

**Email:** [clientservices@insurancebenefitadministrators.com](mailto:clientservices@insurancebenefitadministrators.com)

## General Business Rules

### Agent Website and Marketing Materials

- All advertising and training materials must be pre-approved by Pivot Health before distributing, including website presentations and training material where Pivot Health, Standard Life & Accident or IBA are mentioned.
- To download approved training and marketing materials go to <https://www.pivotohealth.com/agent-resources/>

### Child-Only Applications

- Yes - list custodial parent in Section A, Question #1 of the application. List dependents in Dependent Section A, Question #2 of the application. Dependent may be written at 30 days provided the child has had the routine four-week examination. Write “Child Only” in the special request section.

## Commissions

IBA is the administrator of broker commissions and monthly reporting statements. If Allied is paying the broker directly, commissions are paid based on the effective date of the coverage and paid approximately the 15th of the month for the previous month’s business. If you have assigned commissions to a general agent, check with that organization regarding the timing of commissions.

## Co-Branded Upline Agency Landing Page

Co-branded agent landing pages are available with customized links, giving brokers the opportunity to email a link to PivotCare’s limited benefit medical plans to clients showing the agency logo, producer’s name, email and telephone number. To submit your agency logo email the image to [PHcontracting@pivotohealth.com](mailto:PHcontracting@pivotohealth.com). Preferred standards are: 1) a vector logo (Illustrator file); or 2) a 200 pixel tall .png or .jpg logo.

## License & Appointment Fees

STATE	REQUIRED Licenses for Agency Appointments (Agency/Individual)	Appointment Fee	NR Appointment Fee	Simultaneous Submission
ARIZONA	Agency	N/A	N/A	Yes
ARKANSAS	Both	N/A	N/A	Yes
DELAWARE	Both	\$25 - Agency & Ind	\$25 - Agency & Ind	Yes
GEORGIA	Both	\$14.84	\$14.84	
ILLINOIS	Agency	N/A	N/A	Yes
INDIANA	Agency	N/A	N/A	Yes
IOWA	Individual (Agency license optional)	Retaliatory	Retaliatory	Yes
KENTUCKY	Agency	\$40	\$50	
MICHIGAN	Both	\$5 - Agency & Ind	\$5 - Agency & Ind	Yes
MISSISSIPPI	Both	\$25	\$25	Yes
MISSOURI	Agency	N/A	N/A	Yes
MONTANA	Agency	N/A	N/A	Yes
NEBRASKA	Both	Retaliatory	Retaliatory	Yes
NEVADA	Agency	\$15	\$15	Yes
NORTH CAROLINA	Both	\$10 life + \$10 health	\$10 life + \$10 health	No
OHIO	Both	\$15 life + \$15 health - Agency & Ind	\$15 life + \$15 health - Agency & Ind	Yes
OKLAHOMA	Both	\$30 - Agency & Ind	\$30 - Agency & Ind	Yes
PENNSYLVANIA	Both	N/A	N/A	No
SOUTH CAROLINA	Both	N/A	N/A	Yes
SOUTH DAKOTA	Both	\$10 - Agency & Ind	\$20 - Agency & Ind	Yes
TENNESSEE	Individual (Agency license optional)	\$15	\$15	Yes
TEXAS	Agency	\$10	\$10	Yes
VIRGINIA	Both	\$10 - Agency & Ind	\$10 - Agency & Ind	Yes
WEST VIRGINIA	Agency	\$25	\$25	No
WISCONSIN	Individual (Agency license optional)	\$16	\$40	Yes
WYOMING	Both	\$15 - Agency & Ind	\$15 - Agency & Ind	Yes

## FAQs

### Agent Appointments & Commissions

#### How and where do I go to begin selling the PivotCare plans ?

Contact your General Agent or email: [agentsupport@pivotohealth.com](mailto:agentsupport@pivotohealth.com)

#### Is the appointment process 100% online?

No – the forms must be printed and completed, signed and dated. They can be scanned and emailed to: [phcontracting@pivotohealth.com](mailto:phcontracting@pivotohealth.com)

#### Are there costs to be appointed?

Agents are responsible for the Standard Life and Accident Insurance Company (SLAICO) appointment fees. The fees vary by state (see Appointment Fee Amendment). The appointment fees will be deducted from the agent's first commission check.

#### How long does it take to get appointed?

Appointments are typically turned around within 72 business hours.

#### How soon can I begin selling the PivotCare plans?

After your appointment paperwork has been processed, you will receive an email containing a personalized URL string that you can use on your website or send to your clients. This link will include your unique agent number to track your sales.

#### If I am already appointed with Standard Life and Accident Insurance Company why do I have to register separately with Pivot Health?

PivotCare is an exclusive offering through Pivot Health. You must be appointed separately for this product.

#### When do members come effective?

The effective date is chosen at time of proposal. If the client is approved, the requested effective date will be issued. The earliest effective date is the date following the application date.

#### When are Commissions paid?

Commissions will be paid the month following effective date of the policy.

#### How will commissions be paid?

Commissions will be paid by check.

#### Do I have to reach a minimum prior to my commissions being paid?

No. Commissions will be paid to you regardless of a minimum.

### How will my clients' coverage be renewed?

Renewals are automatic. Upon enrollment, your clients provide PivotCare with payment information so we can renew the member automatically unless the member calls to cancel. PivotCare will send an e-mail notification to the member 60 days in advance of their renewal, reminding them of their automatic renewal.

### Where do I go for support?

For questions on commission payments please call 800-825-7531. All other questions about products, proposals, enrollment or technical questions about email contact [clientservices@alliednational.com](mailto:clientservices@alliednational.com)

## **Product Features/Benefits**

### Office visits, are there 2 per year for both accidents and illness?

Yes, 2 for each. This benefit varies by state. It is important to note that the state of Georgia has its own brochure variation. In GA accident and illness are treated as one. There are only 2 visits per calendar year for either occurrence.

### Is there a deductible and copay?

No. There are no deductibles or copays for benefits. Claims are paid at a fixed indemnity payment.

### Is there any Rx coverage or DME coverage?

No, however, PivotCare does include a discount prescription drug card.

### Benefit accumulation period?

Calendar year benefits.

### What is the Lifetime Maximum policy limit?

There is no lifetime maximum. Each benefit category has a maximum per year.

### What is the pre-existing condition limitation?

A pre-existing condition limitation occurs when the applicant has 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.

### Is the diagnostic X-ray, lab benefit limit of 2 test days per calendar year?

Yes.

### The waiting period does not apply to preventative benefits?

Correct – the waiting period only applies to sickness, substance abuse and mental/nervous disorder. Also, some states did not allow the waiting period.

### Are injuries or loss suffered during intercollegiate sports covered?

Intercollegiate sports are not considered professional or semi-professional sports, however, loss resulting from participation in an organized body contact sport can be excluded if the loss occurs during certain intercollegiate events. A “body contact” sport involves body contact between opposing players (e.g. blocking, tackling, etc.). If body contact can happen, but is not necessary and generally penalized, it is not considered it to be a “body contact” sport. Examples of a “body contact sport” are American football, rugby, lacrosse, ice hockey and wrestling. In many cases, these intercollegiate sports are not covered. Sports not considered “body contact” would include basketball, baseball, soccer, golf, tennis, swimming, gymnastics and volleyball. In many circumstances, loss suffered during an intercollegiate event would be covered.

### What additional benefits are included in the plan?

Fracture, burn, dislocation benefits, ground and air ambulance benefits, mental health and substance abuse coverage, discount prescription drug card and Accident and Critical Illness Benefits. NOTE: Accident and critical illness benefits is optional in the state of Georgia. The member must opt out of the coverage if they don't want it added to their plan.

## **Eligibility for Coverage**

### How far in advance can an effective date be?

Applications are valid for 90 days.

### What are the valid ages of dependents?

Dependents can be age 30 days old through 25 years of age. If a child is added to the policy they must be at least 30 days old and have had passed their first wellness visit to be eligible. Dependents should be terminated at age 26.

### Are child only applications accepted?

Yes - list custodial parent in Section A, Question #1 of the application. List dependents in Dependent Section A, Question #2 of the application. Dependent may be written at 30 days provided the child has had the routine four-week examination. Write “Child Only” in the special request section.

### If coverage already includes dependent children, an additional child (newborn or adopted) must still apply for coverage within 30 days to be eligible after the initial 30 days of coverage correct?

Must apply within 31 days.

### What is the reinstatement rule if a policy lapses?

Coverage lapsed over 45 days requires a completed new business application but qualifies for reinstatement with a lapse in coverage. Coverage lapsed 180 days or longer cannot be reinstated and the individual must reapply for coverage. Contact IBA Customer Service for reinstatement information.

### Who is considered “unemployed” and ineligible for coverage?

“Unemployed” refers to individuals who are unable to afford coverage due to lack of employment. Self-employed, early retiree, students, homemakers, children and financially independent individuals are not considered “unemployed.”

*If someone is in the middle of their policy year and upon their birthday they are required to move to a new age bracket and pay a different rate, when does the rate change?*

Rate changes occur on the anniversary date of the policy. If someone turns 40 in November 2018, which would cause them to move to a new rate, but the anniversary of their policy isn't until June 2019, the rate increase would not occur until June 2019.

## **Claims**

*When is a Surgery benefit payable?*

Surgery is payable when done as an in-patient, at an Ambulatory Surgical Facility (ASF) or in the operating room (OR) of a hospital on an outpatient basis.

*What expense is payable under the Ambulatory Surgical Facility Benefit?*

The ASF benefit is payable for ASF expense or for outpatient hospital operating room services.

*Are claims incurred in the grace period paid or held for premium receipt?*

Claims are held until premium is received for time the claim was incurred.

*How are claims submitted?*

A claim should include: Provider's name, date of service, CPT code, ICD10 diagnosis code, and the total charge.

*Who received claims payment reimbursement?*

Most claims are submitted by the provider's office. This allows the integration with the PPO for discounts. If the claim is submitted by the member, the benefit will be paid directly to them unless they indicate to pay the provider.

*Is the hospital admission benefit in addition to the daily benefit?*

Yes on Plan 4 and 5 the hospital admission benefit is in addition to the daily benefit and is triggered upon admission.