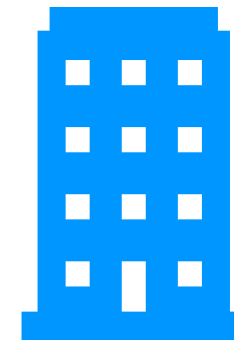
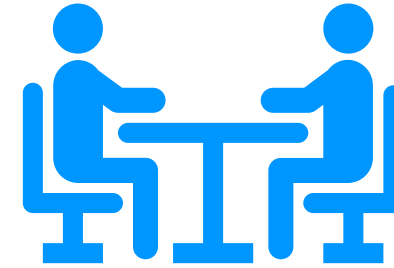




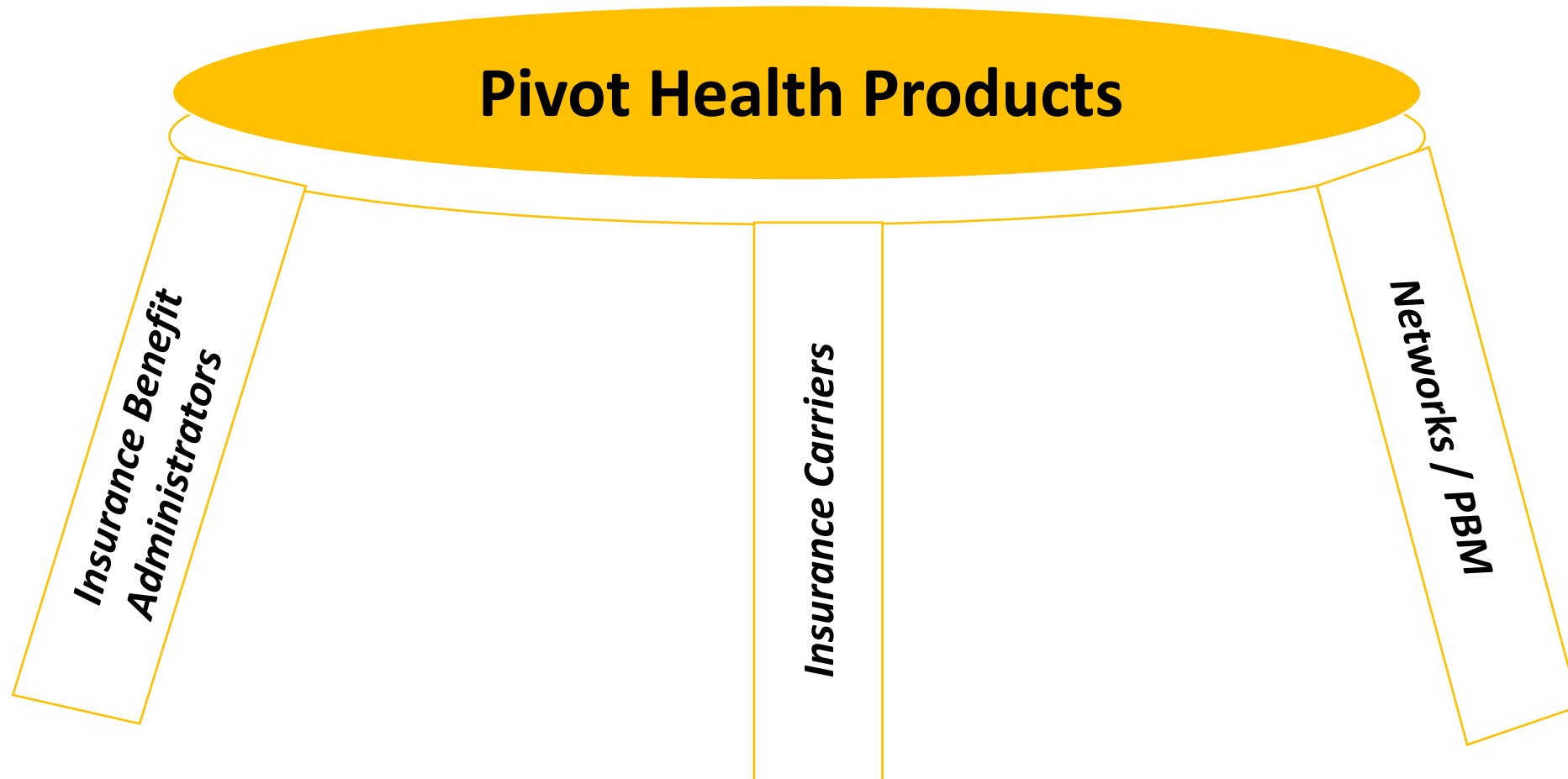
SALES OPPORTUNITIES WITH THE PIVOT HEALTH PORTFOLIO

WHO IS PIVOT HEALTH

- ✓ Launched in 2016, Pivot Health is a product development, management and marketing company providing alternative insurance solutions to the individual marketplace.
- ✓ 2018 acquired by Healthcare.com ranked 583 on 2019 INC 5,000 Fastest Growing Private Companies.
- ✓ 4th Quarter 2016 we sold 1,000 apps. In 2020 over 54,000 applications.



PIVOT HEALTH & PARTNERS





PRODUCT SUITE

PIVOT HEALTH U65 PRODUCT SUITE

Short-Term Medical



- Limited duration plans
- Array of plan designs
- Plans with doctor office copays
- Plans utilizing national networks
- Plans providing Open Access

Limited Benefit



- No deductible or coinsurance
- Hospital Inpatient
- \$3,000 - \$6,000 per day benefits
- Access to national network
- Critical Illness rider included

Dental / Vision



- No waiting periods for any services
- Some benefits increase in year 2 and 3
- Child ortho on high plan
- Optional Vision through VSP

Supplemental



- Package critical illness, accident, hospital indemnity and AD&D coverage
- Guarantee Issue
- Cash benefits paid directly to member



SHORT-TERM MEDICAL PRODUCTS

What makes Pivot Health STM unique

- An array of plan options to fit all of your clients' needs and budgets.
- Coverage within 24 hours or as far out as 60 days.
- Extended duration options to allow your clients to have up to two 12 month policies (2x 364) and now 3x364
- Access to the largest national networks
- Open Access Plans- Referenced Based Pricing
- Eligibility age 6 months – 64 years and 11 months
- Child/Children only policies- down to 6 mos of age
- Coverage for High School and College Athletes
- Backed by “A” rated carriers

Extended Duration Rules for STM

- Duration options: 4x90, 2x180, 2 x364
- 3x364 now available for CLIC plans (states vary)
- No new application
- First policy ends the next one starts automatically
- No gap in coverage, no new underwriting, no new waiting periods apply to subsequent policy
- Copays and coverage maximums start over
- Deductibles, coinsurance maximums start over
- Extended duration option must be selected at time of enrollment

STM PRODUCT POSITIONING



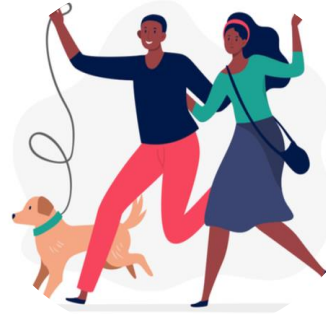
Core Plans

Low Deductibles
Access to First Health
Network
Doctor Office Copay
Prescription Drug
Benefit



Classic Plans

Array of Plan Designs
Open Access
Doctor Office Copay
Prescription Drug
Benefit



Epic Plans

Preventive Coverage
Child Immunizations
Covered at 100%
Optional Prescription Drug
Copay
Access to Cigna Network



Quantum Plans

Rich Benefit Designs
Cigna Network
100% Coinsurance Plans
Supplemental Accident
Built Included
Preventive Coverage



Bridge To Medicare™

60-64 Age Eligibility
3x364 Days Policies
Prescription Drug
Copay
No Network
Restrictions

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CORE SHORT-TERM HEALTH PLANS

	CORE 1000	CORE 2000
Deductible	\$1,000	\$2,000
Coinsurance (Percentage you pay)	20%	
Coinsurance Maximum Out-of-Pocket [†]	\$1,000	
Coverage Period Max Benefit[^]	\$750,000	
Prescription Drugs	Discount only	Generics copay \$10. After \$500 Rx deductible (does not apply to generics), preferred \$50, non-preferred brand \$75. No specialty drugs.
Network	PPO	
Primary Doctor Office Visit*	\$30 copay	
Urgent Care and Specialty Doctor Office Visit*	\$60 copay	
Outpatient Emergency Room	Up to \$500 maximum per day	
Outpatient Surgical Facility	Up to \$1,000 maximum per day	
Hospital Room and Board	Average semi-private room rate, not to exceed \$1,000 per day including nursing services and all miscellaneous expenses	
Intensive Care Unit	Up to \$1,250 maximum per day	
Surgeon Services	Up to \$2,500 per surgery, up to \$5,000 maximum per coverage period.	

CORE SHORT-TERM HEALTH PLANS

- Low deductibles
- Doctor office copays
- Access to the First Health Network
- Prescription Drug benefit on Core 2000 with copays
- Limited/ Fixed hospitalization benefits to keep premiums low.
- Companion Life Insurance Co., A rated company by AM Best
- **Candidates:** the young and invincible, new entrepreneurs,
Child(ren) only policies

This is intended as a benefit highlight. See brochure for full details including exclusions and limitations.

STM PRODUCT POSITIONING



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PIVOT HEALTH CLASSIC SHORT-TERM MEDICAL PLANS

CHOICE

- 80/20 or 70/30 Coinsurance
- \$1,000 - \$10,000 Deductibles
- Doctor Copays - \$30 primary / \$60 specialist
- Rx Discount
- Coinsurance Out of Pocket Max: \$10,000
- Max Coverage: \$100,000, \$250,000 or \$1,000,000

ECONOMY

- 80/20 or 70/30 Coinsurance
- \$3,000 - \$10,000 Deductibles
- Subject to Deductible and Coinsurance
- Rx Discount
- Coinsurance Out of Pocket Max: \$10,000
- Max Coverage: \$100,000, \$500,000 or \$1,000,000

DELUXE

- 80/20 Coinsurance
- \$1,000, - \$5,000 Deductibles
- Doctor Copays - \$30 primary / \$60 specialist
- Rx Coverage: \$10 Generic \$500 deductible, \$50/\$75
- Coinsurance Out of Pocket Max: \$3,000
- Max Coverage: \$500,000 or \$1,000,000

STANDARD

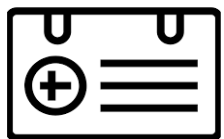
- 80/20 Coinsurance
- \$2,000 - \$5,000 Deductibles
- Subject to Deductible and Coinsurance
- Rx Coverage: \$500 Deductible, \$10 /\$50 / \$75
- Coinsurance Out of Pocket Max: \$5,000
- Max Coverage: \$250,000 or \$500,000

This is intended as a benefit highlight. See brochure for full details including exclusions and limitations.

CLASSIC SHORT-TERM HEALTH PLANS

- Array of plan designs to meet any client's needs or budget
- Plans with doctor office copays
- Plans with Prescription Drug benefits with copays
- Coinsurance max does NOT include the deductible
- Utilizes All Provider Access - no network restrictions for cost savings and client claims out-of-pocket savings w/ balance bill protection
- Companion Life Insurance Co., A rated by AM Best
- **Candidates:** Age 35+, alternative to ACA, self employed, COBRA alternative, pre-Medicare age 60+, in between jobs

ALL PROVIDER ACCESS (REFERENCE BASED PRICING)



Providers are paid based on Medicare allowable

- Up to 125% of Medicare allowable for physicians
- Up to 150% of Medicare allowable for medical facilities

Providers submit claims to IBA for processing

- Claims are Repriced according to % of Medicare allowable

Payment is made to the provider

- 68% Discount on average
- Member receives EOB with discount amount stated

Balance Bill Protection

- Member will NOT be responsible for a balance bill due to the discount
- Send bill to IBA for processing

REFERENCE BASED PRICING EXAMPLE

59 year old female, Grand Island, NE 68801

Procedure CPT: Code 73221 MRI (any joint or upper extremity)

Billed Amount	\$1,060.00
Medicare Allowable	\$222.72
RBP at 150%	\$334.08
Deductible met: (80/20) Insured Out of Pocket	\$66.81
Deductible not met: Insured Out of Pocket	\$334.08

STM PRODUCT POSITIONING



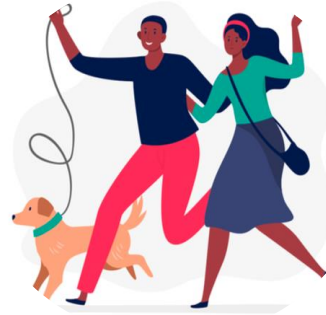
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EPIC PLANS



Epic Plan Details

	Epic PPO	Epic PPO	Epic Base
Network	Cigna	Out-of-Network	All Provider Access
COVERED EXPENSE HIGHLIGHTS			
Deductibles	\$5,000, \$8,000, \$10,000	\$6,600, \$10,600, \$13,300	\$5,000, \$10,000 \$15,000, \$20,000
Family Deductible Maximum	2x individual deductible	2x out-of-network individual deductible	2x individual deductible
Coinsurance (Percentage you pay)	0%	25%	0%
Out-of-Pocket Maximum	Satisfied after the deductible is met	No out-of-pocket maximum	Satisfied after the deductible is met
Total Coverage Maximum	\$500,000 or \$1,000,000	\$375,000 or \$750,000	\$500,000 or \$1,000,000
MEDICAL EXPENSE HIGHLIGHTS			
Primary Doctor Visit	No charge after deductible is met	Out-of-network deductible and coinsurance apply	No charge after the deductible is met
Specialist Doctor and Urgent Care Visit	No charge after the deductible is met	Out-of-network deductible and coinsurance apply	No charge after the deductible is met
Preventive Examination	3 month wait, 1 primary care visit and services covered at 100% up to \$100 per covered person during coverage period	3 month wait, 1 primary care visit and services covered at 75% up to \$75 per covered person during coverage period	3 month wait, 1 primary care visit and services covered at 100% up to \$100 per covered person during coverage period

Pre-authorization is required for the Epic PPO plan and a penalty is applied to expenses not pre-authorized. This is not a complete list of benefits. Benefits, provisions, limitations and exclusions may vary by state. Please see your Certificate for a complete list of all benefits, conditions, limitations, and exclusions.

This is not a complete list of benefits. Benefits, provisions, limitations and exclusions may vary by state.

EPIC PLANS



Epic Plan Details (Continued)

	Epic PPO	Epic PPO	Epic Base
Emergency Room	\$250 copay then deductible and coinsurance (copay waived if admitted)	\$250 copay then deductible and coinsurance (copay waived if admitted)	\$250 copay then no charge after the deductible is met
Hospital Inpatient	No charge after the deductible is met	Out-of-network deductible and coinsurance apply	No charge after the deductible is met
Outpatient Surgical Facility	No charge after the deductible is met	Out-of-network deductible and coinsurance apply	No charge after the deductible is met
Mental Illness and Substance Use Disorder	No charge after the deductible is met	Out-of-network deductible and coinsurance apply	Not covered
Supplemental Accident (Optional benefit)	\$5,000 or \$10,000 per individual	\$5,000 or \$10,000 per individual	\$5,000 or \$10,000 per individual
Traveling in A Foreign Country (Emergency treatment)	Out-of-network deductible and coinsurance	Out-of-network deductible and coinsurance	Not covered
PRESCRIPTION DRUG EXPENSE HIGHLIGHTS			
Prescription Drugs (Optional benefit)	Generic copay \$5 Preferred copay \$35 Non-preferred copay \$70	Out-of-network coinsurance applies	Generic copay \$5 Preferred copay \$35 Non-preferred copay \$70
Maximum Prescription Drug Benefit	\$1,000 (coverage periods of 6 months or less) or \$2,000 (coverage periods greater than 6 months)	\$1,000 (coverage periods of 6 months or less) or \$2,000 (coverage periods greater than 6 months)	\$1,000 (coverage periods of 6 months or less) or \$2,000 (coverage periods greater than 6 months)

Plan Networks

	Epic PPO	Epic Base
Network	Cigna*	All Provider Access - No Network
Provider Link	https://sarhcpdir.cigna.com/web/public/sarProviders	Freedom to choose any provider
How it works	Cigna in-network discount	Reference Based Pricing*

Pre-authorization is required for the Epic PPO plan and a penalty is applied to expenses not pre-authorized. This is not a complete list of benefits. Benefits, provisions, limitations and exclusions may vary by state. Please see your Certificate for a complete list of all benefits, conditions, limitations, and exclusions.

*Cigna's PPO network refers to the health care professionals (doctors, hospitals, specialists) contracted as part of the Cigna

This is not a complete list of benefits. Benefits, provisions, limitations and exclusions may vary by state.

EPIC SHORT-TERM MEDICAL PLANS

- 100% coinsurance plans - some plans have as low as \$5,000 out of pocket maximum
- Free and unlimited telemedicine
- Optional prescription drug benefit with copays
- Optional \$5,000 or \$10,000 supplemental accident rider
- Two plan designs: PPO utilizing the Cigna network or the Base plan with no network restrictions offering premium savings
- North River Insurance Co., A rated by AM Best
- **Candidates:** Young Families, Single- Self employed

STM PRODUCT POSITIONING



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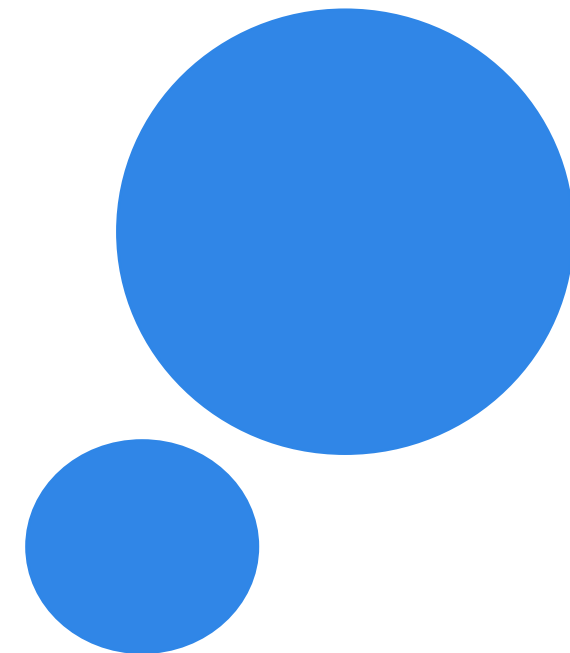


Bridge To Medicare™

60-64 Age Eligibility
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QUANTUM PLAN HIGHLIGHTS

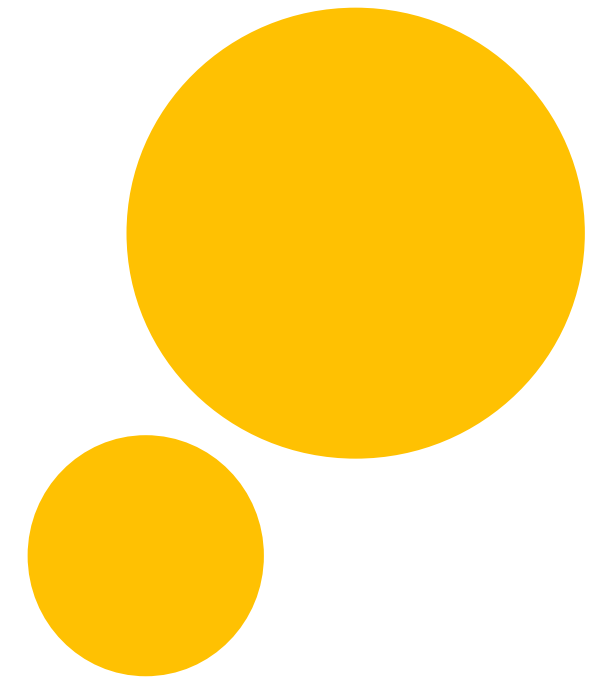
	QUANTUM PPO High Deductible (HD)	QUANTUM PPO COPAY	OUT OF NETWORK
Deductible**	\$5,000 or \$10,000	\$2,500, \$5,000 or \$10,000	2 times the plan deductible
Coinsurance	70% or 100% (100% for \$10,000 deductible only)	80% or 100% (100% for \$10,000 deductible only)	60%
Out-of-Pocket Maximum**	\$10,000 per person (includes deductible)	\$10,000 per person (includes the deductible)	No maximum
Total Coverage Max	\$500,000 or \$1,000,000	\$500,000 or \$1,000,000	\$250,000
Primary Doctor Visit	Subject to deductible & coinsurance	\$30; max 3 visits for any office appointment per coverage period.***	Subject to deductible & coinsurance
Specialty Doctor Office Visit and Urgent Care	Subject to deductible & coinsurance	\$60; max 3 visits for any office appointment per coverage period.***	Subject to deductible & coinsurance
Preventive Health	1 visit per coverage period not to exceed \$250 per coverage period.	1 visit per coverage period not to exceed \$250 per coverage period.	Not covered
Mammography	Subject to deductible & coinsurance	Subject to deductible & coinsurance	Not covered
Routine Annual OB-GYN Exam	Subject to deductible & coinsurance	Subject to deductible & coinsurance	Not covered
Ovarian Cancer Monitoring	Subject to deductible & coinsurance	Subject to deductible & coinsurance	Not covered
Generic Drugs	Discount Only	\$5 copay	Not covered
Preferred Drugs	Discount Only	\$35 copay	Not covered



QUANTUM PLAN HIGHLIGHTS

Non-Preferred Drugs	Discount only	\$75 copay	Not covered
Emergency Room	\$250 copay, then subject to deductible & coinsurance	\$250 copay, then subject to deductible & coinsurance	\$250 copay, then subject to deductible & coinsurance
Outpatient Surgical Facility	Subject to deductible & coinsurance	Subject to deductible & coinsurance	Subject to deductible & coinsurance
Hospitalization	\$500 copay then deductible & coinsurance	Subject to deductible & coinsurance	Subject to deductible & coinsurance
Ground Ambulance	Subject to deductible & coinsurance up to \$1,000	Subject to deductible & coinsurance up to \$1,000	Subject to deductible & coinsurance up to \$1,000
Air Ambulance	Subject to deductible & coinsurance up to \$2,500	Subject to deductible & coinsurance up to \$2,500	Subject to deductible & coinsurance up to \$2,500
Home Healthcare	Subject to deductible & coinsurance, up to 40 visits	Subject to deductible & coinsurance, up to 40 visits	Subject to deductible & coinsurance, up to 40 visits
Speech Therapy/ Occupational Therapy/Physical Therapy	Subject to deductible & coinsurance, then \$50 per day for a max of 20 visits for all therapies (PT/OT/SP)	Subject to deductible & coinsurance, then \$50 per day for a max of 20 visits for all therapies (PT/OT/SP)	Subject to deductible & coinsurance, then \$50 per day for a max of 20 visits for all therapies (PT/OT/SP)
Mental Disorder	Subject to deductible & coinsurance	Subject to deductible & coinsurance	Not covered
Substance Abuse	Subject to deductible & coinsurance: Inpatient: \$100 per day, per coverage period, 31-days maximum. Outpatient: \$50 per visit, 10 visits maximum.	Subject to deductible & coinsurance: Inpatient: \$100 per day, per coverage period, 31-days maximum. Outpatient: \$50 per visit, 10 visits maximum.	Not covered
Organ or Tissue Transplant	Subject to deductible & coinsurance	Subject to deductible & coinsurance	Not covered
Prosthetics & Orthotics	Subject to deductible & coinsurance up to \$2,500	Subject to deductible & coinsurance up to \$2,500	Not covered

For a complete summary of benefits and exclusions and limitations see certificate.



QUANTUM PLANS HIGHLIGHTS

Traveling in A Foreign Country Requiring Immediate Medical Attention	Subject to deductible & coinsurance	Subject to deductible & coinsurance	Subject to deductible & coinsurance
Supplemental Accident Benefit	100% of inpatient or outpatient expenses of insured's expenses paid due to an accidental injury that needs immediate medical attention within 72 hours of accident. Not to exceed the amount of the plan deductible.	100% of inpatient or outpatient expenses of insured's expenses paid due to an accidental injury that needs immediate medical attention within 72 hours of accident. Not to exceed the amount of the plan deductible.	100% of inpatient or outpatient expenses of insured's expenses paid due to an accidental injury that needs immediate medical attention within 72 hours of accident. Not to exceed the amount of the plan deductible.

For a complete summary of benefits and exclusions and limitations see certificate.

QUANTUM SHORT-TERM MEDICAL PLANS

- Utilizes Cigna PPO Network- RBP for OON
- Copay plan has Doctor office copays and prescription drug copays
- 100% plans available
- Preventive office visit benefit up to \$250 per person per coverage period
- Wellness diagnostics benefits
- Supplemental accident to cover deductible included in every plan
- Companion Life Insurance Co., A rated by AM Best
- **Candidates:** Families, COBRA alternative, ACA alternative, established entrepreneurs

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THE BRIDGE TO MEDICARE PLAN DETAILS

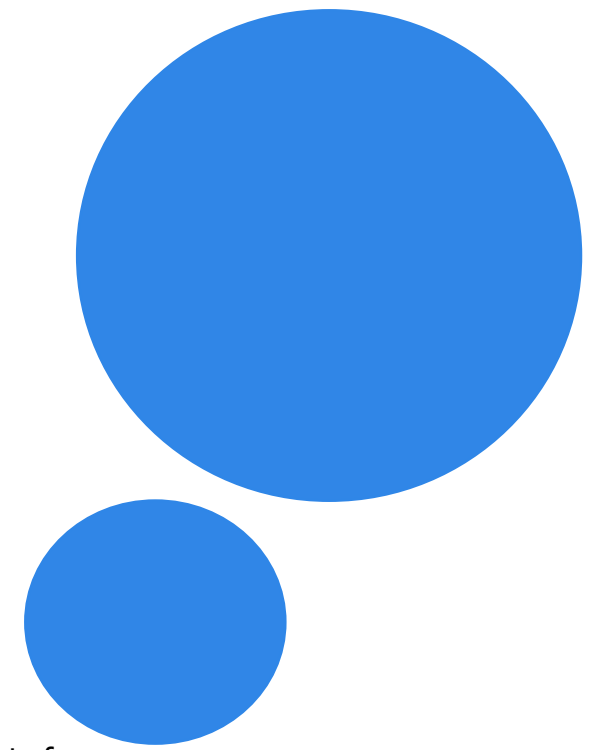
Select services are subject to deductible and coinsurance before benefits are applied.

	Plan 1	Plan 2	Plan 3
Deductible †	\$10,000	\$7,500	\$5,000
Coinsurance (Percentage you pay)	30%	30%	20%
Coinsurance Out-of-Pocket Maximum	\$10,000	\$10,000	\$10,000
Coverage Period Maximum Benefit	\$250,000	\$500,000	\$500,000
Prescription Drugs	After \$500 Rx deductible, generic copay \$10, preferred \$50, non-preferred brand \$75. No specialty drugs.	After \$500 Rx deductible, generic copay \$10, preferred \$50, non-preferred brand \$75. No specialty drugs.	Generic copay \$10. After \$500 Rx deductible (does not apply to generics), preferred \$50, non-preferred brand \$75. No specialty drugs.
Additional Outpatient Surgical Facility Deductible*	\$500	\$500	\$500
Additional Inpatient Admission Deductible	\$750	\$750	\$750
Additional Emergency Room Deductible**	\$450 plus deductible and coinsurance		
Inpatient Hospital Benefits	Subject to deductible and coinsurance		
Ground Ambulance	Up to \$1,000 per coverage period		
Air Ambulance	Up to \$2,500 per coverage period		
Home Health Care	Maximum of 40 days		
Hospice	Up to \$2,000 per coverage period		
Skilled Nursing Facility	Up to \$150 per day for a maximum of 60 days		
Mental Illness	Outpatient: \$50 per visit; 10 visit max; Inpatient: \$100 per day; 31 day max		
Physical Therapy	\$50 per visit; 20 visit max		

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

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

** Emergency Room Deductible: An additional deductible per visit is payable if not admitted to the hospital, in addition the standard deductible and coinsurance apply. Policy Form# STMP5000.



THE BRIDGE TO MEDICARE™ PLAN DETAILS

- 3 x 364-day plan
- Available for eligible individuals 60-64 & 11 months
- Open Network - no network restrictions
- Savings of 50% or more on health insurance costs every month compared to many other alternatives
- Great fit for the spouse that is not Medicare eligible
- Companion Life Insurance Co., A rated by AM Best

SHORT-TERM INSURANCE PLANS TO FIT YOUR LIFE SITUATION

<p>Self Employed</p> <p>About 16 million Americans are self-employed.</p>	<p>Early Retirees</p> <p>64% of Americans retire between the ages of 55 and 65.</p>	<p>Cobra Alternative</p> <p>In 2019, the average annual premiums for family coverage were \$20,576.</p>	<p>College Student</p> <p>More than 18 million students are in college, most of which require students to be covered by a health insurance plan.</p>	<p>First Time Plan</p> <p>About 1 in 4 uninsured people are between the ages of 26-34.</p>
<p>Quantum</p> <ul style="list-style-type: none"> ✓ Large, national network ✓ Preventive health ✓ Doctor office visit copay <p>Epic</p> <ul style="list-style-type: none"> ✓ 100% coinsurance ✓ National network access ✓ Free and unlimited telemedicine <p>Choice</p> <ul style="list-style-type: none"> ✓ Freedom to choose any doctor ✓ Doctor office visit copays ✓ Up to \$1,000,000 in coverage 	<p>Bridge to Medicare</p> <ul style="list-style-type: none"> ✓ 3 x 364 days policies ✓ Prescription drug copays ✓ Unlimited 24 x 7 telemedicine benefit <p>Quantum</p> <ul style="list-style-type: none"> ✓ Large, national network ✓ Preventive health ✓ Doctor office copay options <p>Economy</p> <ul style="list-style-type: none"> ✓ Budget friendly ✓ No-network restrictions ✓ Up to a \$1,000,000 in coverage 	<p>Quantum</p> <ul style="list-style-type: none"> ✓ Large, national network ✓ Preventive health ✓ Doctor office copay options <p>Epic</p> <ul style="list-style-type: none"> ✓ 100% coinsurance ✓ National network access ✓ Free and unlimited telemedicine <p>Choice</p> <ul style="list-style-type: none"> ✓ Freedom to choose any doctor ✓ Doctor office copays ✓ Up to \$1,000,000 in coverage 	<p>Core 2,000</p> <ul style="list-style-type: none"> ✓ Access to national network ✓ Lower deductible ✓ Doctor office visit copays <p>Choice</p> <ul style="list-style-type: none"> ✓ Freedom to choose any doctor ✓ Doctor office copays ✓ Up to \$1,000,000 in coverage <p>Economy</p> <ul style="list-style-type: none"> ✓ Budget friendly ✓ No-network restrictions ✓ Up to \$1,000,000 in coverage 	<p>Core 2,000</p> <ul style="list-style-type: none"> ✓ Access to national network ✓ Doctor office copays ✓ Prescription drug copays <p>Choice</p> <ul style="list-style-type: none"> ✓ Freedom to choose any doctor ✓ Doctor office copays ✓ Up to \$1,000,000 in coverage <p>Economy</p> <ul style="list-style-type: none"> ✓ Budget friendly ✓ No-network restrictions ✓ Up to \$1,000,000 in coverage

REFERENCES:
Self Employed
Early Retirees
Cobra Alternative
College Student
First Time Plan

Plan availability varies by state



ANCILLARY STAND ALONE AND ADD-ON PRODUCTS

BRILLIANT DENTAL™

- Renaissance Dental with optional vision
- Eligibility for ages 18 -100+ (*child dependents accepted*)
- No waiting periods for benefits
- Choice to start coverage any day of the month
- Some benefits and annual maximums increase at the beginning of the first three coverage periods
- Routine cleanings paid at 100%
- Basic services including fillings, sealants and extractions
- Major services including crowns, oral surgery and implants
- **Vision: VSP-** w/ \$150 Frame or Contact lens allowance

Top Selling Plan Design: Dental Low
52% Dental + Vision Sold Together
Average Premium \$59.20

LATITUDE SUPPLEMENTAL

- Increase in sales since having it as a check a box
- Bundled package of Critical Illness, Accident, AD&D, Hospital Indemnity
- Guaranteed Issue
- Cash benefit paid to the insured
- Coming soon....new benefits

**Top Selling Plan Design: Preferred
\$54 Average Monthly Premium**

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

Supplemental insurance benefits are not available in all states.

ELITE PLANS

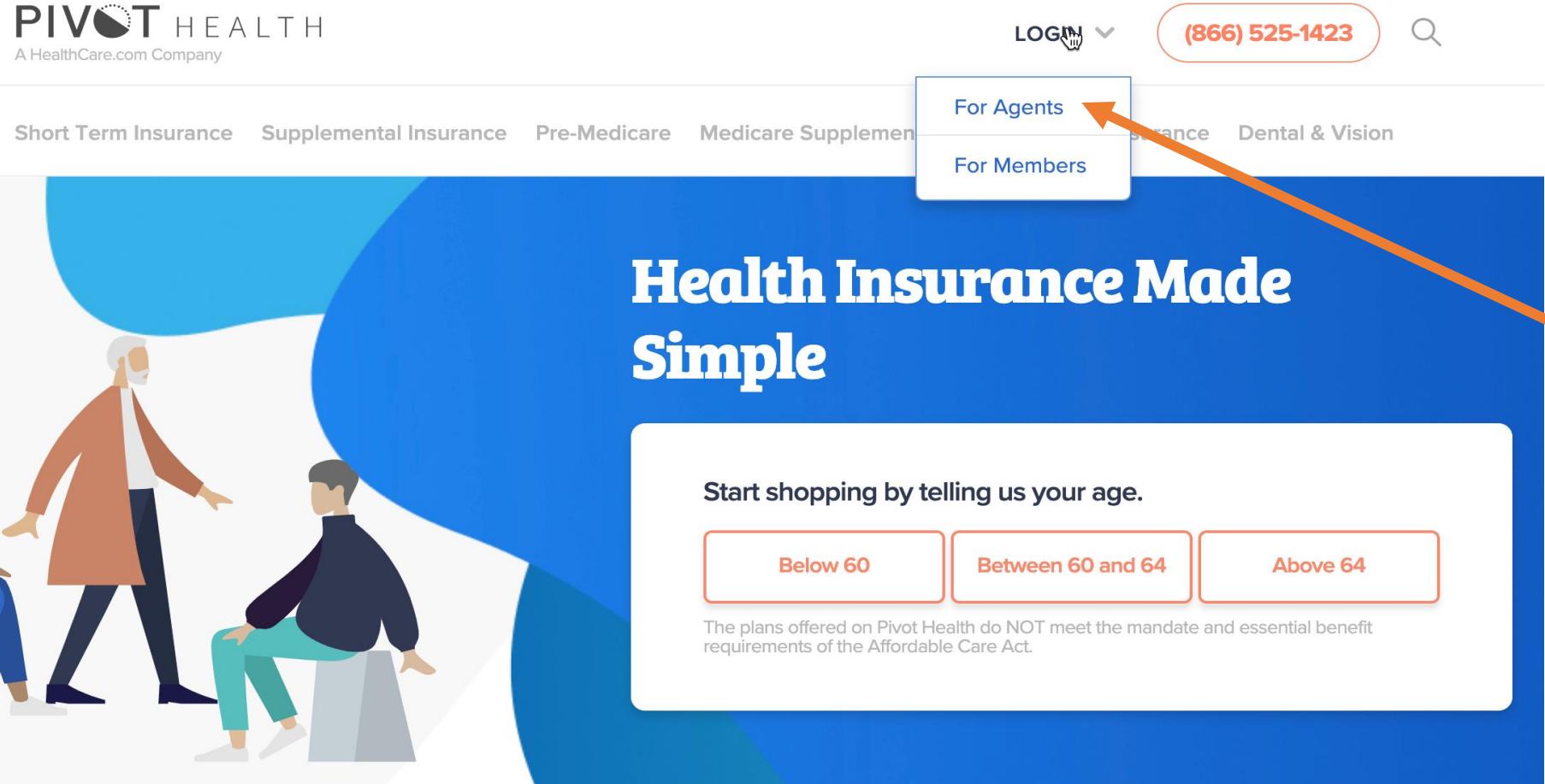
- No deductible or coinsurance
- Daily inpatient benefits up to \$3,000/\$6,000 a day for 365 days a calendar year
- ICU benefits up to \$6,000/\$12,000 a day for up to 30 days
- \$5,000 or \$10,000 Critical illness coverage for invasive cancer, stroke, heart attack and end-stage kidney failure
- \$10,000 Accidental death and \$20,000 common carrier life insurance benefits included
- Wellness: up to \$125 one time visit per calendar year
- Additional benefits for fractures, dislocation, burns and more

Top Selling Plan Design: Plan 1
\$122 Average Monthly Premium
Top Selling States: KS, TX, GA

HOW TO GET STARTED

Once you are contracted and have a Pivot Agent ID you can go to:

www.Pivothealth.com or <http://www.www.pivothealth.com/agent/admin/register>



GETTING A QUOTE

Short Term Health
Insurance

Supplemental
Insurance

Limited Benefit Health
Insurance

Bridge to
Medicare™ Plans

Dental and
Vision

Medicare
Supplement

Short-Term Health Insurance A Budget-Friendly Option to Reduce Your Monthly Costs

Apply and enroll in under 5 minutes

Start by Adding Your ZIP Code



See Our Plans >

- ✓ Find temporary coverage
- ✓ Get doctor and drug benefit options
- ✓ Select from flexible coverage options

Our customers say **Excellent**  4.4 out of 5 based on 2,166 reviews  Trustpilot

ENTER CENSUS INFORMATION AND CHOOSE DURATION

Choose Effective Date

Choose Policy Duration

Your Location

You

ZIP Code

33703

Date of Birth

06/30/1965

We'll use your birthday only to get accurate pricing for our plans.

Gender

Female Male

Your First Name

Robin

Email Address (optional)

test@testing.com

It'll be friendlier calling you by your name throughout this quote. Plus, it'll help identify who's being covered.

Used to send you a copy of your quotes, and helps us help you more.

Covering Anyone Else?

+ ADD SPOUSE + ADD CHILD

Your Coverage

Desired Start Date

07/26/2019

You can apply for 180 days of coverage or up to 364 days, depending on your coverage needs. State-specific regulations may apply. [How Long Can a Short Term Medical Plan Cover Me?](#)

Pivot Health offers an array of coverage durations that allow you to select the best option for your particular life situation.

180 Days | Need coverage for up to 180 days? May be great for individuals needing coverage for a shorter period of time.

364 Days | If you need health insurance coverage for more than a few months, 364-days of short term health insurance can take you the distance. May be great for individuals seeking a longer-term solution.

Policy duration varies by state availability.

Find Plans >



RECOMMENDED PLANS



Robin, here are your personalized quotes

We have 79 plans that cover up to 364 days, starting with 3 options we think you'll like. Choose a plan to learn more.

Filters

[Reset Filters](#)

Saint Petersburg | Female | 55
[\(edit\)](#)

Not sure which one? Explore plans to fit your current life situation.

[See options now](#)

Narrow your choices with the filters below, or feel free to call (866) 566-2707 if you need some help.

Plan Benefits

Sort Plans By:

Monthly Cost Deductible Max Out-Of-Pocket

Recommended 3x364 Days

Pivot Health Choice

Underwritten by Companion Life | Marketed by Pivot Health

- Deductible **\$5,000**
- Coinsurance **20%**
- Max Out of Pocket **\$10,000**
- Total Policy Coverage **\$1,000,000**

\$400.86 /month ⓘ
Plus one-time \$19.95 enrollment fee

[View Details >](#)

Recommended 3x364 Days

Pivot Health Economy

Underwritten by Companion Life | Marketed by Pivot Health

- Deductible **\$10,000**
- Coinsurance **30%**
- Max Out of Pocket **\$10,000**
- Total Policy Coverage **\$100,000**

\$203.01 /month ⓘ
Plus one-time \$19.95 enrollment fee

[View Details >](#)

Recommended 2x364 Days

Pivot Health Epic Base

Underwritten by The North River Insurance Company | Marketed by Pivot Health

- Deductible **\$10,000**
- Coinsurance **0%**
- Max Out of Pocket **\$10,000**
- Total Policy Coverage **\$1,000,000**

\$350.35 /month ⓘ
Plus one-time \$19.95 enrollment fee

[View Details >](#)

[Compare Top 3 Recommended Plans](#)



PICK PLANS FROM THE QUOTE OPTIONS

Compare 3 Plans ✕

Underwritten by **CF** The North River Insurance Company | Marketed by **Pivot Health** ☑ Compare

Pivot Health Epic Base ¹ 364 Days Coverage

Includes Free Telemedicine

Deductible ¹	Coinsurance ¹	Max Out of Pocket ¹	Total Policy Coverage ¹	<input checked="" type="checkbox"/> Get coverage for 2 years
\$5,000	0%	\$5,000	\$500,000	

\$344.75 /month
Plus one-time \$19.95 enrollment fee View Details >

Underwritten by **Companion Life** | Marketed by **Pivot Health** ☑ Compare

Pivot Health Economy ¹ 364 Days Coverage

Deductible ¹	Coinsurance ¹	Max Out of Pocket ¹	Total Policy Coverage ¹	<input checked="" type="checkbox"/> Get coverage for 3 years
\$7,500	30%	\$10,000	\$100,000	

\$190.44 /month
Plus one-time \$19.95 enrollment fee View Details >

Epic Plans
Epic Plans Cover preventive exams, childhood immunizations and wellness coverage for the entire family.

COMPARING UP TO 3 OPTIONS

[← Back to Results](#)


[Show Differences](#)

[Email this quote](#)



Plan Name	Pivot Health Epic Base Added Coverage	Pivot Health Economy Added Coverage	Pivot Health Choice Added Coverage
	Select Plan	Select Plan	Select Plan
Period	2x364 Days	3x364 Days	3x364 Days
Deductible <small>i</small>	\$5,000	\$7,500	\$10,000
Coinsurance <small>i</small>	0%	30%	30%
Max Out-of-Pocket	\$5,000 <small>i</small>	\$10,000 <small>i</small>	\$10,000 <small>i</small>

Emailing A Single Quote

Underwritten by  The North River Insurance Company | Marketed by Pivot Health Compare

Pivot Health Epic Base ⁱ

Includes Free Telemedicine

364 Days Coverage


Get coverage for 2 years

Deductible ⁱ	Coinsurance ⁱ	Max Out of Pocket ⁱ	Total Policy Coverage ⁱ
\$5,000	0%	\$5,000	\$500,000

\$344.75 /month
Plus one-time \$19.95 enrollment fee

[View Details >](#)



Underwritten by  Companion Life | Marketed by Pivot Health Compare

Pivot Health Economy ⁱ

364 Days Coverage

Get coverage for 3 years

Deductible ⁱ	Coinsurance ⁱ	Max Out of Pocket ⁱ	Total Policy Coverage ⁱ
\$7,500	30%	\$10,000	\$100,000

\$180.78 /month
Plus one-time \$19.95 enrollment fee

[View Details >](#)

CHECK THE BOX ADDITIONAL BENEFITS

Extend Coverage Duration

Add Supplemental Accident Rider

Underwritten by The North West Insurance Company | Marketed by Pivot Health

Pivot Health Epic Base Rx ⁱ **\$270.19/month** ⁱ
Includes Free Telemedicine Plus one-time \$19.95 enrollment fee

Deductible ⁱ	Coinsurance ⁱ	Max Out of Pocket ⁱ	Total Policy Coverage ⁱ
\$20,000	0%	\$20,000	\$500,000

Supplemental Accident Rider Remove ⁱ

Add \$5,000 benefit for an extra \$12.27/month

Add \$10,000 benefit for an extra \$20.86/month

Benefits are equal to your selected individual deductible amount [Learn More](#)

[Learn more about this coverage](#) ^v

Get up to 2 policies in 5 minutes with 1 application.

+ Get coverage for 2 years.

Continue to Checkout

Pivot Health Epic \$270.19/mo ⁱ
Base

Plan Starts Dec 16, 2020

Coverage Duration 364 Days

End Date Dec 14, 2021

Edit ⁱ

Applicants Female, 55 years old

Total \$270.19/mo ⁱ
Plus one-time \$19.95 enrollment fee

[Email This Quote](#)

ⁱ Remember, coverage can be canceled anytime.

Add Latitude Supplemental
Add Dental/Vision

Enhance Your Coverage Add more benefits to your plan

Latitude Supplemental

PIVOT HEALTH

Recommended

Latitude Select

Brilliant Dental™ & Vision

Renaissance Dental

Recommended

Brilliant Dental™ Low + Vision

SHOPPING CART

Underwritten by The North River Insurance Company | Marketed by Pivot Health

364 Days Coverage x 2

Pivot Health Epic Base Added Coverage Rx \$285.21/month
Includes Free Telemedicine
Plus one-time \$19.95 enrollment fee

Deductible <small>i</small>	Coinsurance <small>i</small>	Max Out of Pocket <small>i</small>	Total Policy Coverage <small>i</small>
\$20,000	0%	\$20,000	\$500,000

Supplemental Accident Rider Remove

Add \$5,000 benefit for an extra \$12.27/month

Add \$10,000 benefit for an extra \$20.86/month

Benefits are equal to your selected individual deductible amount [Learn More](#)

[Learn more about this coverage](#)

Enhance Your Coverage Add more benefits to your plan

Latitude Supplemental



Recommended

Latitude Select

Brilliant Dental™ & Vision



Recommended

Brilliant Dental™ Low + Vision

Get up to 2 policies in 5 minutes with 1 application.

[Continue to Checkout](#)

Pivot Health Epic \$285.21/mo i
Base Added Coverage

Plan Starts Dec 16, 2020
Coverage Duration 728 Days
End Date Dec 13, 2022

[Edit](#)

Brilliant Dental™ \$42.79/mo i
Low + Vision

Plan Starts Dec 16, 2020
Coverage Duration Until Cancellation

Latitude Select \$29.95/mo i

Plan Starts Dec 16, 2020
Coverage Duration Until Cancellation

Accident Rider \$12.27/mo i

Applicants Female, 55 years old

Total \$370.22/mo
Plus one-time \$19.95 enrollment fee
*Rates are subject to change during the subsequent coverage periods.

[Email This Quote](#)

Remember, coverage can be canceled anytime.

Total number of days of coverage

New Premium

Email to Client

EMAIL SENT TO CLIENTS

Underwritten by The North River Insurance Company | Marketed by Pivot Health

 Agent
Pivot Health

 Phone Number
866-566-2707

 Email
support@pivotohealth.com

Dear John,

Thank you for your interest in a short term medical insurance (also referred to as short term limited duration insurance) plan through **Pivot Health** and underwritten by **North River Insurance Company**.

The purpose of this email is to provide you with the rates and a brief description of the plan benefits. A description of benefits is found in the brochure associated with this coverage.

When you choose the plan you would like, please feel free to call me so I can assist you with the application process OR you can access the plan and apply online using the url below.

To visit this quote online please [click here](#).

Your Information

Name	John Smith	Date of Birth	01/01/1986	Gender	Male
Quote Date	06/17/2020	Zip Code	33785	Proposed Effective Date	06/18/2020

Underwritten by The North River Insurance Company | Marketed by Pivot Health

728 days Coverage

Pivot Health Epic Base Added Coverage ^{Rx} **\$162.87/month**

Deductible	Coinsurance	Max Out of Pocket	Total Policy Coverage
\$5,000	0%	\$5,000	\$1,000,000

[View Brochure](#)

Coverage Summary

Pivot Health Epic Base Added Coverage **\$162.87/month**

Accident Rider **\$12.27/month**

Brilliant Dental™ Low + Vision **\$42.79/month**

TOTAL **\$217.93*/month**

*Plus on time \$19.95 enrollment fee.

[Start Application](#)

Sincerely,
Pivot Health

Phone Number: 866-566-2707

Short term medical insurance is underwritten by North River Insurance Company, located in Columbia, S.C. Dental and vision products are underwritten by Renaissance Life & Health Insurance Company of America, Indianapolis, IN.

UNDERWRITING QUESTIONS?



Question 1 of 5

Will any applicant be eligible for Medicaid or Medicare on the requested effective date?

No

Yes

Simplified U/W- Accept or reject on the spot.

* State Specific

CHANGE COVERAGE DURATION/ E-SIGNATURE

1. Contact Information

First Name
Last Name


Phone Number
Email Address

Street Address




 Indian Rocks Beach, FL 33785 ([Change location](#))

2. Billing Information

Credit Card
 ACH Transaction


Secure credit card payment
 This is a secure 128-bit SSL encrypted payment.

Card Number

* Accepted Credit Cards




Expiration Date
Security Code

MM/YY * 3 digits on back of card

Name

Applicant
 Location **33785 Indian Rocks Beach, FL**
 Members ▼

Pivot Health Epic PPO
 Monthly Cost ⓘ **\$213.77**
 Plan Details ▼

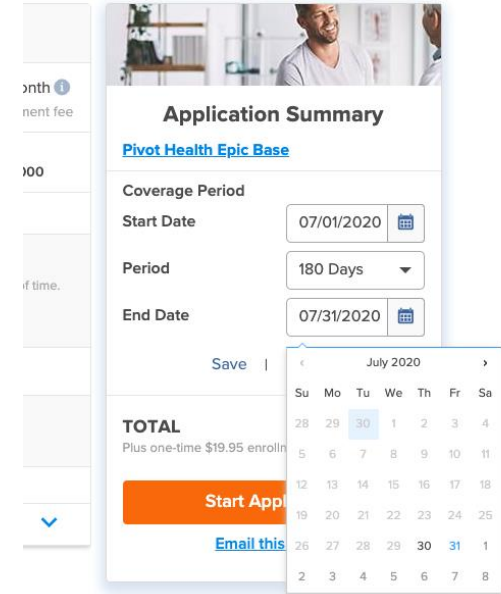
Coverage Period (Edit)
 Plan Starts **Jun 18, 2020**
 Period **364 Days**
 End Date **Jun 16, 2021**

Accident Rider
 Monthly Cost **\$12.27**
 Plan Start **Jun 18, 2020**
 End Date **Jun 16, 2021**

Brilliant Dental™ Low + Vision
 Monthly Cost **\$42.79**
 Plan Start **Jun 18, 2020**
 End Date **Until Cancellation**
*Includes \$39.04 of premium, a \$2.75 monthly administrative fee and \$1.00 for monthly association dues.

Summary
 Pivot Health Epic PPO **\$213.77**

application and complete the purchase. For to get enrolled.



Application Summary
[Pivot Health Epic Base](#)
 Coverage Period
 Start Date
 Period ▼
 End Date

Save |

July 2020						
Su	Mo	Tu	We	Th	Fr	Sa
28	29	30	1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	1
2	3	4	5	6	7	8

E-SIGNATURE

state regulations.

THIS PLAN PROVIDES LIMITED BENEFIT COVERAGE. IT IS NOT DESIGNED TO COVER ALL MEDICAL EXPENSES AND IT IS NOT A MAJOR MEDICAL OR COMPREHENSIVE HEALTH CARE POLICY. PLEASE READ YOUR CERTIFICATE CAREFULLY!

Remember, you have a **10-day free look period** which allows you to get a full refund.

I agree to purchase 363 days and can cancel at any time. I understand I am purchasing a Short Term Medical product. I understand this product is not ACA compliant. I understand I am responsible for keeping The North River Insurance Company's Administrator current on my email address.

If this Application is completed electronically, I/we agree that my/our electronic signature serves as my/our original signature. If this Application is not completed electronically, I/we agree I/we are providing verbal consent to certify my/our Application in lieu of a signature.

Your Electronic Signature

Applicant Signature

[* CLICK TO SIGN *](#)

Date Signed

07/21/2020

OTL 70000 1

Start Your Journey

*New Elevate Bonus

Eligible Plans	Duration Requirements	Bonus Payout
Short-Term Medical	3x364 Days 2x364 Days ¹ 364 Days ¹	\$150 \$125 \$100
Medicare Supplement	12 Months	\$150
Elite Limited Benefit Health Insurance	12 Months	\$100
Brilliant Dental™ Brilliant Dental™ /Vision	90 Days+	\$25
Latitude Supplemental	90 Days+	\$25

Eligible plans must be submitted January 1 through March 31, 2021 with effective dates through April 15, 2021. Total monthly premium rate must exceed \$100 to qualify.

The Earning Potential is Unlimited with the Elevate Bonus - Don't Miss Out!

PIVOT HEALTH

A HealthCare.com Company

Ready, Set, Write!



Pivot Health is offering a bonus on your first three applications. Help your clients secure their health care coverage while earning a generous bonus for yourself!

Beginning January 1, 2021 through March 31, 2021, you can earn this bonus in addition to the quarterly bonus opportunity.

- 1 App – Earn a total of \$50**
- 2 Apps – Earn a total of \$200**
- 3 Apps – Earn a total of \$500**

All short-term medical plans with a duration of 3 years (3x364 days) or 2 years (2x364 days) qualify. Start offering these plans today and you'll be on your way to some extra cash to kick off the new year.

Contact your Account Executive for more information.

DEDICATED ACCOUNT EXECUTIVE



- **LETTY PEREZ - Direct 727-502-6827 LETTY.PEREZ@PIVOTHEALTH.COM**



Thank you.