

# 12 Months of Continuous Short Term Health Insurance Exclusively through Pivot Health



A combination of these 3 plans gives you a full year of coverage

Plan Benefits	North River Insurance Company	Companion Life Insurance Company	Pan American Life Insurance Company
<b>Doctor/ Specialist/ Urgent Care Office Visit Copay</b>	\$30/\$60/\$60 unlimited	\$30/\$60/\$60 unlimited	\$30/\$30/\$30 unlimited
<b>Wellness Office Visit Copay</b>	We pay 100% up to a \$100 per covered person per coverage period.*	We pay 100% up to a \$200 per covered person per coverage period.	For adults, \$50 copay, once per year, and then covered 100%. For children, subject to the deductible and then 20% coinsurance.
<b>Individual Deductible</b>	\$2,500, \$5,000, or \$10,000	\$2,500, \$5,000, or \$10,000	\$2,500, \$5,000, or \$10,000
<b>Coinsurance</b> (percentage you pay)	20%	20%	20%
<b>Total Policy Coverage</b>	\$250,000 or \$1M	\$250,000 or \$1M	\$250,000 or \$1M
<b>Max Out-of-Pocket</b>	\$12,500, \$15,000, \$20,000	\$12,500 or \$15,000, \$20,000	\$12,500 or \$15,000, \$20,000
<b>Routine Annual Obstetric Gynecological Examination</b>	After the Deductible, we pay 80% until the Coins Max. Then 100%.	After the Deductible, we pay 80% until the Coins Max. Then 100%.	Deductible waived. We pay 80% until the Coins Max. Then 100%.
<b>Prostate Cancer Screening</b>	After the Deductible, we pay 80% until the Coins Max. Then 100%.	After the Deductible, we pay 80% until the Coins Max. Then 100%.	Deductible waived. We pay 80% until the Coins Max. Then 100%.
<b>Colorectal Screening</b>	After the Deductible, we pay 80% until the Coins Max. Then 100%.	After the Deductible, we pay 80% until the Coins Max. Then 100%.	Not covered
<b>Preventative Screening Mammography only/ All other diagnostic mammography's</b>	Deductible waived for screening mammography. We pay 80% until Coins max. Then 100%.	After the Deductible, we pay 80% until the Coins Max. Then 100%.	Deductible waived. We pay 80% until the Coins Max. Then 100%.
<b>Child Immunizations</b>	Deductible waived. Subject to coinsurance.	Deductible waived. Subject to coinsurance.	Deductible waived. Subject to coinsurance.
<b>Children Preventative Health</b>	After the Deductible, we pay 80% until the Coins Max. Then 100%. Immunizations are not subject to a deductible.	After the Deductible, we pay 80% until the Coins Max. Then 100%. Immunizations are not subject to a deductible.	After the Deductible, we pay 80% until the Coins Max. Then 100%. Immunizations are not subject to a deductible.
<b>Hospital Confinement / Intensive Care</b>	After the Deductible, we pay 80% until the Coins Max. Then 100%.	After the Deductible, we pay 80% until the Coins Max. Then 100%.	After the Deductible, we pay 80% until the Coins Max. Then 100%.
<b>Emergency Room</b>	\$250 Copay, then after the Deductible, we pay 80% until the Coins Max. Then 100%.	\$250 Copay, then after the Deductible, we pay 80% until the Coins Max. Then 100%.	No Copay. After the Deductible, we pay 80% until the Coins Max. Then 100%.

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<b>Diagnostic Testing</b>	After the Deductible, we pay 80% until the Coins Max. Then 100%.	After the Deductible, we pay 80% until the Coins Max. Then 100%.	After the Deductible, we pay 80% until the Coins Max. Then 100%.
<b>Outpatient Surgical Facility</b>	After the Deductible, we pay 80% until the Coins Max. Then 100%.	After the Deductible, we pay 80% until the Coins Max. Then 100%.	After the Deductible, we pay 80% until the Coins Max. Then 100%.
<b>Mental and Nervous Disorders</b>	Not covered	After the Deductible, we pay 80% until the Coins Max. Then 100%.	After the Deductible, we pay 80% until the Coins Max. Then 100%. Inpatient - Not to exceed \$100 per day/30 days. Outpatient - Not to exceed \$100/10 days
<b>Substance Abuse</b>	Not Covered	After the Deductible, we pay 80% until the Coins Max. Then 100%. Inpatient - Not to exceed \$100 per day/31 days. Outpatient - Not to exceed \$50 per day/10 days.	After the Deductible, we pay 80% until the Coins Max. Then 100%. Inpatient - Not to exceed \$100 per day/30 days. Outpatient - Not to exceed \$100/10 days.
<b>Prescription Drugs</b>	Discount Plan / Cerpax Rx	Discount Plan / Cerpax Rx	Discount Plan / Cerpax Rx
<b>Athletic Injury</b>	Covered as any other illness	Covered as any other illness	Covered as any other illness
<b>Network</b>	All Access	All Access	All Access
<b>Brochure Including Plan Details, Exclusions and Limitations</b>	<a href="#">Click for brochure</a>	<a href="#">Click for brochure</a>	<a href="#">Click for brochure</a>

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Short-term medical coverage is not required to comply with certain federal market requirements for health insurance, principally those contained in the Affordable Care Act (ACA). Federal subsidies may be available to lower the premium cost of ACA plans based on financial eligibility. Exclusions and limitations may apply to products outlined in this presentation. Products are not available in all states.

\*3 month waiting period for wellness visit.