

PivotCARE Limited Medical Sales Script

Underwritten by Standard Life & Accident Insurance Company

INTRODUCTION

Good (Morning, Afternoon, Evening). My name is (Agent Name) with (Agency Name). May I speak to (Customer Name?)

Our company is currently representing Standard Life & Accident Insurance Company which provides limited medical benefits. I am the insurance agent licensed in your state.

I am calling today to talk about our plan, which includes limited medical coverage for accidents and illness. These benefits are designed to help cover basic and or minor medical expenses for members that are not eligible for major medical and would like an affordable alternative option.

To serve you better, we have just a few questions so we can recommend the best membership level for you. Do you currently have any coverage? How much is monthly payment?

Let's discuss the benefits.

About the Underwriter

Standard Life and Accident was founded to provide clients in the individual market with realistic life and health products that solve their needs for financial security. Today, Standard Life has expanded to provide protection for both large and small groups in the Worksite market offering competitive Accident, Cancer, Critical Illness, Group Term Life, Limited Medical and Short-Term Disability products.

Pre-Existing Limitation (Must be read to the client during enrollment)

There is no coverage for sickness or injuries related to a pre-existing condition for a continuous period of 12 months following the effective date of coverage. This limitation applies to the following; Hospital Confinement, Hospital Admission, Hospital Intensive Care, Emergency Room, Surgery, Doctor's Office Visit, Diagnostic Testing, Ambulance and Mental Health Benefits.

***When discussing plan benefits with a member, please reconfirm the coverage benefits in detail upon conclusion of the plan selection process. This includes providing a summary of benefits as set forth in the Outline of Coverage and any state specific endorsements. This is very important as multiple plans may have been discussed during the selection process.)**

Insured Benefits

Critical Illness Benefit - \$5000 - \$1000 payable benefit (based on plan level)

Critical Illness Insurance pays a lump-sum cash benefit if you are diagnosed with a covered illness such as cancer, heart attack, stroke or end stage renal failure. Its purpose is to provide extra cash at a time when your finances could be strained by medical or personal bills.

***NOTE* Critical Illness Benefit is not available in the state of Virginia. Critical Illness Benefit is available as an optional add-on in the state of Georgia.**

***NOTE* Georgia, Kansas, Montana, Tennessee & Virginia will have a state specific benefit grids with slight plan variations. Please see the state specific reference grids located on the Info Tab when selling in those states.**

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Generic Insured Benefits

	PLAN 1	PLAN 2	PLAN 3	PLAN 4	PLAN 5
PHYSICIAN'S OFFICE VISIT BENEFIT:					
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
WELLNESS BENEFITS: Includes childhood immunizations, routine physical pap test, colorectal screening, prostate screening, and routine mammography.					
Maximum onetime per year	\$50	\$75	\$100	\$100	\$125
EMERGENCY ROOM BENEFIT:					
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
HOSPITAL BENEFITS:					
Daily Hospital Confinement Benefit:					
Injury	\$1,000	\$2,000	\$3,000	\$4,000	\$6,000
Sickness	\$500	\$1,000	\$1,500	\$2,000	\$3,000
Max Hospital Confinement Benefit Period					
Injury	365 days	365 days	365 days	365 days	365 days
Sickness	365 days	365 days	365 days	365 days	365 days
Hospital Admission Benefit:					
Injury	N/A	N/A	N/A	\$1,000	\$1,500
Sickness	N/A	N/A	N/A	\$500	\$750
Intensive Care Unit Benefit:					
Daily Intensive Care Unit Benefit					
Injury	\$2,000	\$4,000	\$6,000	\$8,000	\$12,000
Sickness	\$1,000	\$2,000	\$3,000	\$4,000	\$6,000
Max Intensive Care Unit Benefit Period					
Injury	30 days	30 days	30 days	30 days	30 days
Sickness	30 days	30 days	30 days	30 days	30 days
OUTPATIENT DIAGNOSTIC X-RAY & LABORATORY PROCEDURES BENEFIT:					
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

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Generic Insured Benefits Cont'd

	PLAN 1	PLAN 2	PLAN 3	PLAN 4	PLAN 5
AMBULATORY SURGICAL CENTER BENEFIT:					
Injury	\$100/Day	\$150 /Day	\$200 /Day	\$300 /Day	\$400/ Day
Sickness	\$50/Day	\$75/ Day	\$100 / Day	\$150 / Day	\$200 /Day
SURGICAL AND ANESTHESIA BENEFIT:					
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
AMBULANCE BENEFIT:					
Ground Ambulance Benefit					
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
Air Ambulance Benefit					
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
CONTINUOUS CARE BENEFIT:					
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					
Injury	\$500	\$1,000	\$1,000	\$1,000	\$1,000
Sickness	\$250	\$500	\$500	\$500	\$500
Max Continuous Care Benefit Period					
Injury	30 days	30 days	30 days	30 days	30 days
Sickness	30 days	30 days	30 days	30 days	30 days
INPATIENT MENTAL OR NERVOUS DISORDER BENEFIT:					
Inpatient Benefit	\$100	\$150	\$150	\$200	\$300
Maximum Number of Days	30 days	30 days	30 days	30 days	30 days
INPATIENT SUBSTANCE ABUSE BENEFIT:					
Inpatient Benefit	\$100	\$150	\$150	\$200	\$300
Maximum Number of Days	30 days	30 days	30 days	30 days	30 days

ENROLLMENT

Mr. /Mrs. _____ the PivotCARE Limited Medical plan we are recommending to you is economical and will help to protect you and your family from the unexpected. Our process to get your benefits started as soon as possible is to take your application today. Your initial \$_____, which includes your first month's payment and the \$_____ enrollment fee. Based on your enrollment today, your Effective Date will be _____.

Your Monthly recurring billing occurs on the same day each month of the original effective date of your membership. You will receive an email within the next 24 hours that will include a link to the member portal. You'll use your username and password

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from your account creation email to log in to your account. When you log in to the web portal, you'll be able to review, print and download all your important documents. If you have any questions or need any assistance, please call (800) 269-3563.

Please note that you have **30 days** from your effective date to review your plan. If you are not fully satisfied, you may return it for a full refund of all premiums if you have not incurred any claims under the insurance plan.