

PIVOTCARE

A New Kind of Health Insurance

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

Get freedom of choice with PivotCare



Agent Training

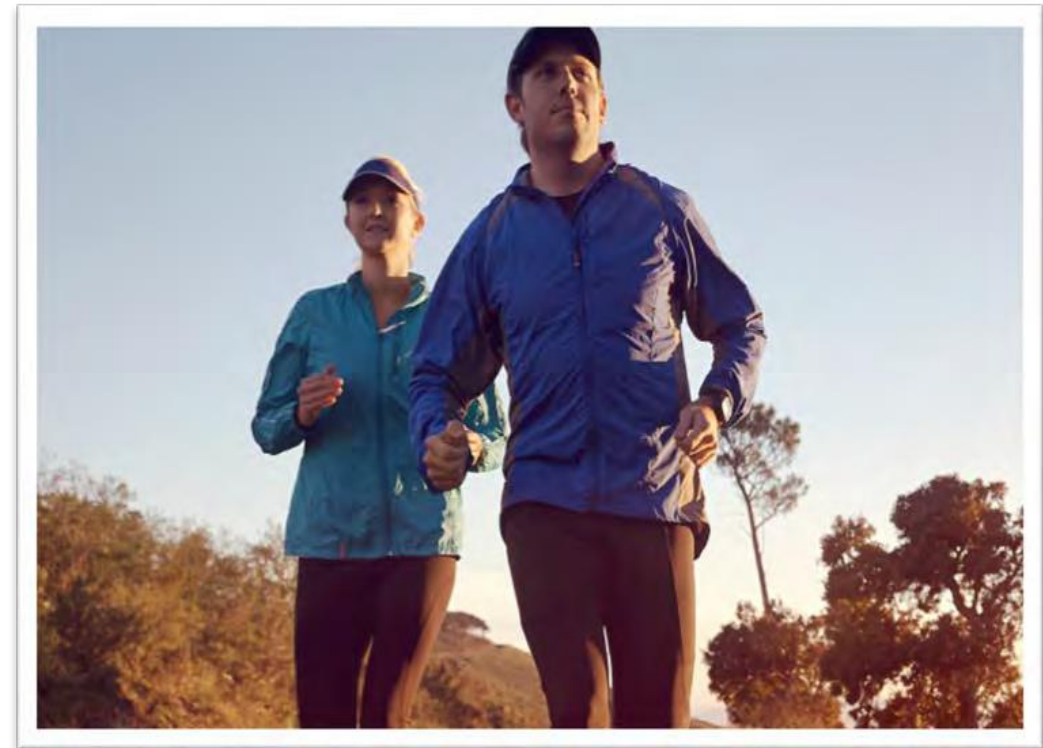


Standard Life
AND ACCIDENT INSURANCE COMPANY
AN AMERICAN NATIONAL COMPANY

Training Objectives

Review the following details of the plan:

- PPO Network
- Insured Benefits
 - Standard Life Limited Medical Benefits
 - Underwritten by Standard Life & Accident Insurance Company



Limited Medical Plan Highlights

Limited Medical plans do not meet the qualifications to be Minimum Essential Coverage under the law.

- Client must be informed that they may be subject to **the tax penalty** if they do not have other coverage that meets the minimum standard.
- All benefits are limited. When discussing it with a client, it cannot be compared to Major Medical and is **not** intended to replace a major medical plan.

Limited Medical benefits can be used as first dollar coverage and can be applied towards paying a high deductible.

Accept or Reject Underwriting – As part of the underwriting process, the client's health information will be used to decide whether to offer or deny coverage.

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* -
<http://firsthealth.coventryhealthcare.com/locate-a-provider/>

PivotCARE Insured Benefits



Standard Life & Accident Insurance Company (“SLAICO”)

- 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.
- Rated A (Excellent) by A.M. Best



Generic Plan

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
PHYSICIAN'S OFFICE VISIT BENEFIT:					
Injury	\$100	\$100	\$120	\$140	\$180
Maximum number of visits per year	2	2	3	3	4
Sickness	\$50	\$50	\$80	\$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	\$8,000
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

Generic Plan Cont'd

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
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:					
<small>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.</small>					
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

State Variations: Georgia (compared to Generic Plan)

All medical benefits are reduced except for the following:

- Inpatient Medical or Nervous Disorder Benefit**
- Inpatient Substance Abuse Benefit**
- Additional Benefits (Common Carrier, AD&D etc.)**

Sickness and Injury benefits pay the same dollar amount.

No Hospital Admission Benefit

Critical Illness Benefit Rider is Optional

State Variations: Kansas (compared to Generic Plan)

Benefits payout the same as the Generic Plan

Additional Benefits will include:

- General Anesthesia Benefit – Dental Care
- Prostate Cancer Screening Benefit
- Diabetes Benefit
- Mammogram Benefit
- Pap Smears Benefit
- Osteoporosis Benefit

**Kansas will include the following medical benefit:
Inpatient Mental Illness, Alcoholism, Drug Abuse or
Substance Abuse Benefit**

State Variations: Montana (compared to Generic Plan)

No Wellness & Preventative Care Benefit

**Reduced dollar amounts for the Physician's Office
Visit Benefit**

**Montana will include the following benefits:
Inpatient Severe Mental Illness Benefit**

Outpatient Severe Mental Illness Benefit

State Variations: Tennessee (compared to Generic Plan)

**Physician's Office Benefit for Injury will offer
reduced maximum number of benefits per year**

No Burn, Fracture or Dislocation Benefits

State Variations: Virginia (compared to Generic Plan)

Physician's Office Benefit for Injury will offer reduced maximum number of benefits per year

No Burn, Fracture or Dislocation Benefits

Critical Illness Benefit – Not available in the state of VA

Critical Illness Benefit

- 1) Critical Illness Benefits are not payable during the first 30 days following the effective date.
- 2) Critical Illness means **Invasive Cancer, Stroke, Heart Attack or End Stage Renal Failure.**
- 3) **\$5,000 - \$10,000 (based on plan level)** payable benefit amount.

State Restrictions

Critical Illness Benefit not available in **Virginia**.

Critical Illness Benefit is available to the **Georgia** residents as an optional benefit ONLY.

Limitations & Exclusions

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:

- 1) Declared or undeclared war, or any act of declared war;
- 2) Weight reduction or treatment of obesity, including exogenous, endogenous or morbid obesity;
- 3) Cosmetic surgery or reconstructive surgery, including breast reduction and surgery to repair, replace, or remove breast implants;
- 4) The covered person being engaged in an illegal occupation.
- 5) Services or supplies which are not medically necessary to treat a covered loss.

(Please see the state specific Certificate of Insurance for a full list of exclusions)

Pre-Existing Condition Limitations

There is no coverage for, nor will we pay benefits for death, Sickness or injuries related to, a pre-existing condition for a continuous period of 12 months following the Certificate Effective Date of coverage under this coverage. This limitation applies to the following benefits: ***Hospital Confinement Benefit, Hospital Admission, Hospital Intensive Care Unit Confinement, Emergency Room, Surgery, Doctor's Office Visit, Diagnostic Tests, Ambulance Benefit & Mental Health Benefits.***

Overview

After enrolling, members receive:

- Welcome email including Member ID and access to the Member Portal.
- Hardcopy policy documents sent to the home address on file.
- The 30-day period begins on the member's effective date.
- All enrollees are provided a 30-day right to examine the limited benefit policy with the option to cancel coverage back to the original effective date. If a member chooses to cancel their membership within the 30-day period, they will receive a full refund of monthly premiums.

Access to fulfillment materials at a1healthcare.com/members or by calling (800) 269-3563.

Contact Information

Allied National c/o Global Care

P.O. Box 247

Alpharetta, GA 30009-0247

Claims Assistance & Questions: (844) 630-7500

Member Services

csr@a1healthcare.com

(800) 269-3563

Agent Services

agentservices@adroithealthgroup.com

(800) 319-7061

Collections & Payments

pay@a1healthcare.com

(800) 391-1905

Commission Inquiries

commissions@a1healthcare.com



PIVOTCARE

A New Kind of Health Insurance

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Get freedom of choice with PivotCare



Agent Training



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