

PIVOTCARE LIMITED MEDICAL BENEFITS - Underwritten by Standard Life and Accident Insurance Company					
	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	2	2	2
Sickness	\$50	\$50	\$60	\$70	\$80
Maximum number of visits per year	2	2	2	2	2
<b>Wellness &amp; Preventative Care Benefit: +</b>					
Benefit Amount	\$50	\$75	\$100	\$100	\$125
Maximum Number of visits per Year	1	1	1	1	1
<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
<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

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PIVOTCARE LIMITED MEDICAL BENEFITS CONTINUED - Underwritten by Standard Life and Accident Insurance Company					
	PLAN 1	PLAN 2	PLAN 3	PLAN 4	PLAN 5
<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>					
<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
<b>Additional Benefits: +</b>					
Accidental Death Benefit	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000
Common Carrier Benefit	\$20,000	\$20,000	\$20,000	\$20,000	\$20,000
Dislocation Benefit	\$1,500	\$2,000	\$2,000	\$2,500	\$2,500
Fracture Benefit	\$2,500	\$5,000	\$5,000	\$7,500	\$10,000
Burn Benefit	\$10,000	\$15,000	\$15,000	\$20,000	\$25,000
Critical Illness Benefit	\$5,000	\$5,000	\$5,000	\$10,000	\$10,000