

**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

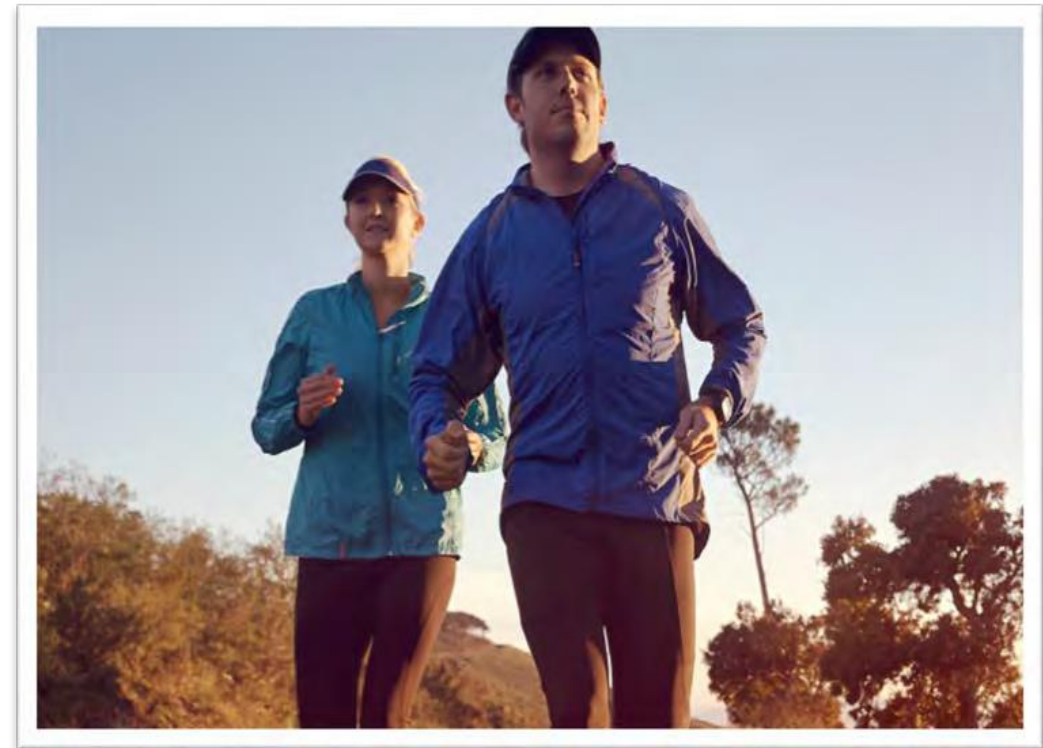


**Standard Life**  
AND ACCIDENT INSURANCE COMPANY  
AN AMERICAN NATIONAL COMPANY

# 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



# 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
<b>PHYSICIAN'S OFFICE VISIT BENEFIT:</b>					
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
<b>WELLNESS BENEFITS:</b> Includes childhood immunizations, routine physical, pap test, colorectal screening, prostate screening, and routine mammography.					
Maximum onetime per year	\$50	\$75	\$100	\$100	\$125
<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	\$8,000
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

# 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
<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
<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>					
<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>					
<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

# 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](https://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](mailto:csr@a1healthcare.com)

(800) 269-3563

## **Agent Services**

[agentservices@adroithealthgroup.com](mailto:agentservices@adroithealthgroup.com)

(800) 319-7061

## **Collections & Payments**

[pay@a1healthcare.com](mailto:pay@a1healthcare.com)

(800) 391-1905

## **Commission Inquiries**

[commissions@a1healthcare.com](mailto:commissions@a1healthcare.com)





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