PIVOTCARE ELITE

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A *New* Kind of Health Insurance

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

Get freedom of choice with PivotCare

- Affordable plans that can fit any budget
- Cash benefits for doctor office visits, hospital stays, lab work and more
- Predictable, easy-to-use benefits for a variety of care
- One of the nation's largest medical provider networks

PivotCare is a medical insurance plan that empowers you to manage and control your health care.

PivotCare is limited benefit health coverage. Benefits are not intended to cover all medical expenses. Plan benefits vary by state. This is not a Medicare supplement policy. Underwritten by Standard Life and Accident Insurance Company.

THIS IS NOT QUALIFYING HEALTH COVERAGE ("MINIMUM ESSENTIAL COVERAGE") THAT SATISFIES THE HEALTH COVERAGE REQUIREMENT OF THE AFFORDABLE CARE ACT. IF YOU DON'T HAVE MINIMUM ESSENTIAL COVERAGE, YOU MAY OWE AN ADDITIONAL PAYMENT WITH YOUR TAXES.

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PIVOTCARE ELITE

Advantages

Advantages of PivotCare

- Affordable insurance that offers variety of benefits at rates that meet any budget
- No insurance deductibles or coinsurance limits to meet
- Includes specific cash payments for both sickness and accidental injuries regardless of other coverages
- No specialist referrals required
- Benefits do not vary - a fixed dollar amount covers both in- and out-of-network providers
- Critical illness coverage for invasive cancer, stroke, heart attack and end-stage kidney failure
- Accidental death and common carrier life insurance benefits also included
- No claim forms are necessary to receive benefits

Extra Benefits Included

- Fracture, burn, dislocation benefits
- Ground and air ambulance benefits
- Mental health and substance abuse coverage
- Discount prescription drug card

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 outpatient benefits include:

- Doctor office visits
- Emergency room visits
- Diagnostic lab tests and X-rays
- Ambulance services
- Childhood immunizations
- MRIs

PivotCare inpatient benefits include:

- Hospital stays
- Surgery
- Anesthesia

Added Benefits

Accident and Critical illness Benefits

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

* Network statistics as of September 2016 First Health Data Warehouse

** Savings shown represent average savings achieved from actual claims data set representative of 12 months of claims history. Discounts do not account for any savings based on benefit plan design or member responsibility. Actual discounts vary by provider and specific geographic locations.

PIVOT CARE ELITE Benefits

The pre-set dollar amounts listed below are what the insurance plan pays for specific health care services per calendar year.
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	$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 one time 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

PIVOT CARE ELITE

Benefits

	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

This brochure provides a very brief description of some of the important features of the policy. This is not an insurance contract.

PIVOTCARE ELITE

Rate Table

Individual Limited Medical Rates (Most States)

Monthly Attained Age Premium Rates

INDIVIDUAL (with $15 monthly Admin Fee)

AGE	PLAN 1	PLAN 2	PLAN 3	PLAN 4	PLAN 5
18-39	$62.00	$89.00	$111.00	$135.00	$193.00
40-44	$77.00	$117.00	$146.00	$182.00	$261.00
45-49	$88.00	$134.00	$169.00	$212.00	$302.00
50-54	$104.00	$161.00	$203.00	$258.00	$368.00
55-59	$120.00	$187.00	$237.00	$304.00	$433.00
60-64	$147.00	$234.00	$299.00	$387.00	$553.00

INDIVIDUAL + SPOUSE (with $15 monthly Admin Fee)

AGE	PLAN 1	PLAN 2	PLAN 3	PLAN 4	PLAN 5
18-39	$103.00	$158.00	$202.00	$250.00	$366.00
40-44	$134.00	$212.00	$271.00	$343.00	$499.00
45-49	$154.00	$246.00	$314.00	$401.00	$581.00
50-54	$185.00	$298.00	$383.00	$492.00	$711.00
55-59	$219.00	$353.00	$453.00	$588.00	$847.00
60-64	$276.00	$452.00	$583.00	$765.00	$1,099.00

INDIVIDUAL + CHILD(REN) (with $15 monthly Admin Fee)

AGE	PLAN 1	PLAN 2	PLAN 3	PLAN 4	PLAN 5
18-39	$113.00	$172.00	$223.00	$276.00	$401.00
40-44	$133.00	$206.00	$267.00	$334.00	$485.00
45-49	$139.00	$216.00	$279.00	$351.00	$509.00
50-54	$150.00	$234.00	$303.00	$384.00	$555.00
55-59	$160.00	$252.00	$326.00	$416.00	$599.00
60-64	$186.00	$298.00	$386.00	$499.00	$717.00

INDIVIDUAL + FAMILY (with $15 monthly Admin Fee)

AGE	PLAN 1	PLAN 2	PLAN 3	PLAN 4	PLAN 5
18-39	$165.00	$258.00	$338.00	$421.00	$619.00
40-44	$201.00	$320.00	$418.00	$528.00	$773.00
45-49	$217.00	$346.00	$451.00	$572.00	$835.00
50-54	$240.00	$385.00	$502.00	$642.00	$933.00
55-59	$266.00	$429.00	$556.00	$718.00	$1,038.00
60-64	$319.00	$521.00	$677.00	$883.00	$1,274.00

Rates based on actual age of Primary Insured. Maximum Issue age may vary by State
Maximum Issue age may vary by State

An additional $20 enrollment fee is separate from the rates

PIVOT CARE ELITE

Rate Table

Missouri Individual Limited Medical Rates

Monthly Attained Age Premium Rates

INDIVIDUAL (with $15 monthly Admin Fee)

AGE	PLAN 1	PLAN 2	PLAN 3	PLAN 4	PLAN 5
18-39	$61.00	$88.00	$109.00	$133.00	$191.00
40-44	$76.00	$115.00	$144.00	$179.00	$257.00
45-49	$86.00	$132.00	$165.00	$208.00	$298.00
50-54	$102.00	$158.00	$200.00	$254.00	$364.00
55-59	$118.00	$184.00	$233.00	$300.00	$428.00
60-64	$145.00	$231.00	$295.00	$384.00	$548.00

INDIVIDUAL + SPOUSE (with $15 monthly Admin Fee)

AGE	PLAN 1	PLAN 2	PLAN 3	PLAN 4	PLAN 5
18-39	$101.00	$155.00	$198.00	$246.00	$361.00
40-44	$131.00	$208.00	$266.00	$337.00	$492.00
45-49	$151.00	$241.00	$308.00	$394.00	$573.00
50-54	$182.00	$293.00	$376.00	$485.00	$703.00
55-59	$215.00	$348.00	$446.00	$581.00	$838.00
60-64	$272.00	$447.00	$577.00	$758.00	$1,090.00

INDIVIDUAL + CHILD(REN) (with $15 monthly Admin Fee)

AGE	PLAN 1	PLAN 2	PLAN 3	PLAN 4	PLAN 5
18-39	$108.00	$164.00	$213.00	$265.00	$388.00
40-44	$127.00	$197.00	$255.00	$322.00	$470.00
45-49	$133.00	$207.00	$268.00	$340.00	$494.00
50-54	$144.00	$226.00	$292.00	$373.00	$541.00
55-59	$155.00	$244.00	$315.00	$406.00	$586.00
60-64	$181.00	$291.00	$377.00	$489.00	$705.00

INDIVIDUAL + FAMILY (with $15 monthly Admin Fee)

AGE	PLAN 1	PLAN 2	PLAN 3	PLAN 4	PLAN 5
18-39	$158.00	$247.00	$324.00	$407.00	$602.00
40-44	$193.00	$307.00	$402.00	$511.00	$752.00
45-49	$208.00	$334.00	$434.00	$556.00	$815.00
50-54	$232.00	$374.00	$486.00	$626.00	$913.00
55-59	$258.00	$418.00	$541.00	$703.00	$1,020.00
60-64	$312.00	$511.00	$663.00	$869.00	$1,256.00

Rates based on actual age of Primary Insured

An additional $20 enrollment fee is separate from the rates

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Rate Table

Montana Individual Limited Medical Rates

Monthly Attained Age Premium Rates

INDIVIDUAL (with $15 monthly Admin Fee)

AGE	PLAN 1	PLAN 2	PLAN 3	PLAN 4	PLAN 5
18-39	$83.00	$130.00	$167.00	$211.00	$307.00
40-44	$83.00	$125.00	$160.00	$201.00	$288.00
45-49	$92.00	$139.00	$177.00	$223.00	$320.00
50-54	$107.00	$165.00	$210.00	$267.00	$383.00
55-59	$122.00	$191.00	$243.00	$313.00	$447.00
60-64	$149.00	$237.00	$304.00	$395.00	$564.00

INDIVIDUAL + SPOUSE (with $15 monthly Admin Fee)

AGE	PLAN 1	PLAN 2	PLAN 3	PLAN 4	PLAN 5
18-39	$147.00	$243.00	$320.00	$409.00	$605.00
40-44	$145.00	$229.00	$299.00	$380.00	$554.00
45-49	$161.00	$255.00	$331.00	$423.00	$615.00
50-54	$190.00	$305.00	$395.00	$510.00	$739.00
55-59	$223.00	$360.00	$465.00	$605.00	$873.00
60-64	$279.00	$457.00	$592.00	$779.00	$1,120.00

INDIVIDUAL + CHILD(REN) (with $15 monthly Admin Fee)

AGE	PLAN 1	PLAN 2	PLAN 3	PLAN 4	PLAN 5
18-39	$141.00	$225.00	$299.00	$381.00	$560.00
40-44	$141.00	$220.00	$290.00	$368.00	$537.00
45-49	$145.00	$225.00	$296.00	$376.00	$547.00
50-54	$154.00	$242.00	$317.00	$405.00	$588.00
55-59	$164.00	$259.00	$338.00	$435.00	$628.00
60-64	$189.00	$304.00	$397.00	$515.00	$743.00

INDIVIDUAL + FAMILY (with $15 monthly Admin Fee)

AGE	PLAN 1	PLAN 2	PLAN 3	PLAN 4	PLAN 5
18-39	$212.00	$347.00	$465.00	$596.00	$882.00
40-44	$215.00	$343.00	$456.00	$582.00	$856.00
45-49	$227.00	$361.00	$477.00	$611.00	$895.00
50-54	$248.00	$397.00	$523.00	$673.00	$982.00
55-59	$272.00	$439.00	$575.00	$746.00	$1,083.00
60-64	$324.00	$530.00	$693.00	$907.00	$1,312.00

Rates based on actual age of Primary Insured

An additional $20 enrollment fee is separate from the rates

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Rate Table

South Dakota Individual Limited Medical Rates

Monthly Attained Age Premium Rates

INDIVIDUAL (with $15 monthly Admin Fee)

AGE	PLAN 1	PLAN 2	PLAN 3	PLAN 4	PLAN 5
18-39	$58.00	$83.00	$103.00	$125.00	$178.00
40-44	$73.00	$109.00	$136.00	$169.00	$240.00
45-49	$82.00	$124.00	$156.00	$195.00	$278.00
50-54	$97.00	$149.00	$188.00	$238.00	$339.00
55-59	$111.00	$173.00	$218.00	$280.00	$398.00
60-64	$136.00	$216.00	$276.00	$357.00	$509.00

INDIVIDUAL + SPOUSE (with $15 monthly Admin Fee)

AGE	PLAN 1	PLAN 2	PLAN 3	PLAN 4	PLAN 5
18-39	$96.00	$147.00	$187.00	$231.00	$337.00
40-44	$124.00	$196.00	$251.00	$316.00	$459.00
45-49	$143.00	$227.00	$290.00	$369.00	$534.00
50-54	$172.00	$275.00	$353.00	$453.00	$654.00
55-59	$202.00	$326.00	$417.00	$541.00	$778.00
60-64	$255.00	$416.00	$537.00	$703.00	$1,009.00

INDIVIDUAL + CHILD(REN) (with $15 monthly Admin Fee)

AGE	PLAN 1	PLAN 2	PLAN 3	PLAN 4	PLAN 5
18-39	$105.00	$159.00	$206.00	$254.00	$368.00
40-44	$124.00	$190.00	$247.00	$308.00	$446.00
45-49	$129.00	$199.00	$257.00	$323.00	$467.00
50-54	$139.00	$216.00	$280.00	$354.00	$511.00
55-59	$149.00	$233.00	$300.00	$383.00	$551.00
60-64	$172.00	$275.00	$356.00	$459.00	$660.00

INDIVIDUAL + FAMILY (with $15 monthly Admin Fee)

AGE	PLAN 1	PLAN 2	PLAN 3	PLAN 4	PLAN 5
18-39	$153.00	$238.00	$311.00	$388.00	$570.00
40-44	$186.00	$295.00	$385.00	$486.00	$711.00
45-49	$200.00	$319.00	$415.00	$526.00	$767.00
50-54	$221.00	$355.00	$461.00	$590.00	$856.00
55-59	$245.00	$395.00	$511.00	$660.00	$954.00
60-64	$294.00	$480.00	$623.00	$812.00	$1,170.00

Rates based on actual age of Primary Insured

An additional $20 enrollment fee is separate from the rates

PIVOTCARE ELITE

Rate Table

Tennessee Individual Limited Medical Rates

Monthly Attained Age Premium Rates

INDIVIDUAL (lwith $15 monthly Admin Fee)

AGE	PLAN 1	PLAN 2	PLAN 3	PLAN 4	PLAN 5
18-39	$61.00	$89.00	$111.00	$134.00	$192.00
40-44	$77.00	$116.00	$146.00	$181.00	$260.00
45-49	$88.00	$134.00	$168.00	$211.00	$301.00
50-54	$104.00	$160.00	$203.00	$257.00	$367.00
55-59	$120.00	$187.00	$236.00	$303.00	$432.00
60-64	$147.00	$233.00	$298.00	$386.00	$551.00

INDIVIDUAL + SPOUSE (with $15 monthly Admin Fee)

AGE	PLAN 1	PLAN 2	PLAN 3	PLAN 4	PLAN 5
18-39	$102.00	$157.00	$201.00	$249.00	$364.00
40-44	$133.00	$211.00	$271.00	$341.00	$497.00
45-49	$153.00	$245.00	$314.00	$399.00	$579.00
50-54	$185.00	$297.00	$382.00	$491.00	$710.00
55-59	$218.00	$352.00	$452.00	$587.00	$845.00
60-64	$275.00	$451.00	$582.00	$763.00	$1,096.00

INDIVIDUAL + CHILD(REN) (with $15 monthly Admin Fee)

AGE	PLAN 1	PLAN 2	PLAN 3	PLAN 4	PLAN 5
18-39	$112.00	$170.00	$221.00	$273.00	$397.00
40-44	$132.00	$204.00	$265.00	$331.00	$482.00
45-49	$138.00	$214.00	$278.00	$349.00	$505.00
50-54	$149.00	$232.00	$302.00	$382.00	$552.00
55-59	$159.00	$250.00	$324.00	$414.00	$596.00
60-64	$185.00	$296.00	$385.00	$496.00	$714.00

INDIVIDUAL + FAMILY (with $15 monthly Admin Fee)

AGE	PLAN 1	PLAN 2	PLAN 3	PLAN 4	PLAN 5
18-39	$164.00	$255.00	$335.00	$417.00	$614.00
40-44	$200.00	$317.00	$416.00	$524.00	$768.00
45-49	$215.00	$343.00	$448.00	$569.00	$831.00
50-54	$239.00	$383.00	$499.00	$639.00	$929.00
55-59	$265.00	$426.00	$553.00	$714.00	$1,034.00
60-64	$318.00	$519.00	$674.00	$879.00	$1,269.00

Rates based on actual age of Primary Insured

An additional $20 enrollment fee is separate from the rates

PIVOTCARE ELITE

Rate Table

Virginia Individual Limited Medical Rates

Monthly Attained Age Premium Rates

INDIVIDUAL (with $15 monthly Admin Fee)

AGE	PLAN 1	PLAN 2	PLAN 3	PLAN 4	PLAN 5
18-39	$57.00	$82.00	$102.00	$123.00	$175.00
40-44	$69.00	$105.00	$132.00	$161.00	$233.00
45-49	$77.00	$118.00	$150.00	$184.00	$266.00
50-54	$89.00	$140.00	$179.00	$221.00	$322.00
55-59	$100.00	$161.00	$206.00	$256.00	$374.00
60-64	$120.00	$199.00	$259.00	$324.00	$475.00

INDIVIDUAL + SPOUSE (with $15 monthly Admin Fee)

AGE	PLAN 1	PLAN 2	PLAN 3	PLAN 4	PLAN 5
18-39	$94.00	$144.00	$184.00	$226.00	$332.00
40-44	$117.00	$189.00	$243.00	$302.00	$445.00
45-49	$132.00	$216.00	$279.00	$347.00	$512.00
50-54	$155.00	$258.00	$336.00	$420.00	$620.00
55-59	$178.00	$301.00	$393.00	$493.00	$729.00
60-64	$220.00	$381.00	$501.00	$633.00	$939.00

INDIVIDUAL + CHILD(REN) (with $15 monthly Admin Fee)

AGE	PLAN 1	PLAN 2	PLAN 3	PLAN 4	PLAN 5
18-39	$103.00	$156.00	$203.00	$249.00	$363.00
40-44	$119.00	$185.00	$241.00	$298.00	$436.00
45-49	$122.00	$192.00	$250.00	$310.00	$453.00
50-54	$130.00	$207.00	$270.00	$335.00	$492.00
55-59	$136.00	$220.00	$287.00	$357.00	$524.00
60-64	$155.00	$257.00	$338.00	$424.00	$624.00

INDIVIDUAL + FAMILY (with $15 monthly Admin Fee)

AGE	PLAN 1	PLAN 2	PLAN 3	PLAN 4	PLAN 5
18-39	$150.00	$234.00	$307.00	$381.00	$561.00
40-44	$178.00	$286.00	$376.00	$469.00	$693.00
45-49	$188.00	$305.00	$402.00	$501.00	$741.00
50-54	$204.00	$336.00	$442.00	$553.00	$819.00
55-59	$220.00	$369.00	$485.00	$609.00	$902.00
60-64	$259.00	$443.00	$586.00	$740.00	$1,097.00

Rates based on actual age of Primary Insured

An additional $20 enrollment fee is separate from the rates

PIVOTCARE ELITE

Limitations and Exclusions

What is a Waiting Period Limitation?

If you suffer from a sickness, mental or nervous disorder or substance abuse, treatment or medical care will not be covered during the first 30 days after the effective date for each Covered Person under the policy. Medical care for an accident is covered immediately following the effective date.

What is a Pre-Existing Condition Limitation?

A pre-existing condition limitation occurs when you have already received medical advice, testing, care, medication, diagnosis or treatment for a specific condition from a physician prior to enrollment in a PivotCare plan. Loss caused by or relating to the pre-existing condition is not covered for the first 12 months after the effective date of each Covered Person. A pregnancy that was conceived prior to the effective date is also considered a pre-existing condition.

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:

a. Suicide or any attempt at suicide or intentionally self-inflicted injury or any attempt at intentionally self-inflicted injury or any act of auto-eroticism, while sane or insane;

b. Travel or flight in or on (including getting in or out of, or on or off of) any vehicle used for aerial navigation, if the Covered Person is:

1. riding as a passenger in any aircraft not intended or licensed for the transportation of passengers;

2. performing, learning to perform or instructing others to perform as a pilot or crew member of any aircraft; or

3. riding as a passenger in an aircraft owned, leased or operated by the Covered Person's employer;

c. Declared or undeclared war, or any act of declared or undeclared war;

d. Full-time active duty in the armed forces, National Guard or organized reserve corps of any country or international authority. (Unearned premium for any period for which the Covered Person is not covered due to his/her active duty status will be refunded. Loss caused while on short-term National Guard or reserve duty for regularly scheduled training purposes is not excluded.);

e. The Covered Person's being intoxicated (defined as blood alcohol concentration equal to or in excess of .08 gms/dl blood alcohol). This applies whether or not the Covered Person is charged with any violation in connection with a loss and there is no need to prove a loss was caused, contributed to, or resulted from the excessive blood alcohol concentration;

f. The Covered Person's: a) voluntary use of illegal drugs; b) the intentional taking of over the counter medication not in accordance with recommended dosage and warning instructions; and c) intentional misuse of prescription drugs;

g. The Covered Person's commission of or attempt to commit a felony;

h. The Covered Person being engaged in an illegal occupation;

i. Services and supplies which are not medically necessary to treat a covered loss (other than as stated in the Wellness and Preventive Care Benefit);

j. Services and supplies which are received without charge or legal obligation to pay or would not normally be paid in the absence of insurance;

k. Services and supplies which are received outside of the United States of America, its possessions and territories;

l. Dental care or treatment unless due to an injury to a sound and natural tooth;

m. Cosmetic surgery or reconstructive surgery, including breast reduction and surgery to repair, replace, or remove breast implants; however, this Exception does not apply when surgery is required:

a. To repair a birth defect of a child born to you and continuously covered under your policy from birth; or

b. For reconstructive surgery following a covered mastectomy.

n. Any covered loss that is covered under any state or federal Worker's Compensation, Policyholder's Liability law or similar law;

o. Any mental or nervous disorder or substance abuse unless such coverage is expressly provided herein;

p. Any procedure for refractive correction, eye refraction or the purchase or fitting of vision or hearing aids, cochlear implants and related devices;

q. Pregnancy or maternity unless such coverage is expressly provided herein. Complications of Pregnancy are not excluded;

r. Participating in hazardous occupations or other activity including participating, instructing, demonstrating, guiding or accompanying others in the following: professional or semi-professional sports, extreme sports, organized body contact sports, parachute jumping, hot-air ballooning, hang-gliding, base jumping, mountain climbing, bungee jumping, scuba diving, sail gliding, parasailing, parakiting, rock or mountain climbing, cave exploration, parkour, racing including stunt show or speed test of any motorized or nonmotorized vehicle, rodeo activities, or similar hazardous activities. Also excluded is injury received while practicing, exercising, undergoing conditional or physical preparation for such activity;

s. A custodial institution, domiciliary care or rest cures;

t. Weight reduction or treatment of obesity, including exogenous, endogenous or morbid obesity; or

u. Diagnosis or treatment (including surgery) of sexual dysfunctional disorders or inadequacy, or transsexual surgery.

PIVOT CARE ELITE

State-specific variations

State	Policy Form Number	Differences
Georgia	SL-VERSEP12-GA	See Georgia state-specific brochure for more information.
Illinois	SL-VERSEP12-IL	Revised exclusion a. “Suicide or any attempt at suicide or intentionally self-inflicted injury or any attempt at intentionally self-inflicted while sane or insane.” Revised exclusion e. “The Covered Person’s being intoxicated, which is defined and determined by the laws of the jurisdiction where the loss or cause of the loss was incurred. This applies whether or not the Covered Person is charged with any violation in connection with a loss and there is no need to prove a loss was caused by or resulted from the Covered Person being intoxicated”
Indiana	SL-VERSEP12-IN	Revised exclusion e. “The Covered Person’s being intoxicated”
Kansas	SL-VERSEP12-KS	Preventive care is included with wellness benefit. Inpatient substance abuse and mental illness benefits are revised and outlined below. No waiting period limitation. Revised exclusion n. “Benefits are not provided for illness or injury related to Covered Person’s job to the extent Covered Person is covered or required to be covered by Workers Compensation law. If Covered Person enters into a settlement giving up the right to recover future medical benefits under Workers Compensation law, this policy will not pay those medical benefits that would have been payable in the absence of settlement.” Revised cancellation policy: “Cancellation of policy made at any time by written notice to Company, effective upon the receipt of written notice or on a later date as specified by written notice. In the event of cancellation or death, Company returns unearned portion of premium paid. Unearned premium will be refunded on a pro rata basis beginning upon the date of Covered Person’s death or date of cancellation of policy. Cancellation will be without prejudice to any claim originating prior to the effective date of cancellation.” General anesthetic benefit - dental care: Up to $200 per day, 2 times a year Prostate cancer screening benefit: $30 per day, 1 time per year Diabetes benefit: $30 per calendar year Breast reconstruction: Lifetime maximum benefit of $250 per Covered Person Mammography: $30 per test day Pap smear: $30 per test day Osteoporosis: $30 per calendar year Inpatient mental illness, alcoholism, drug abuse and substance use disorders benefits

	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5
Substance abuse	$100/day	$150/day	$200/day	$250/day	$300/day
Mental illness	$100/day	$150/day	$200/day	$250/day	$300/day

Minimum benefit for treatment of mental illness: 45 days per calendar year

Minimum benefit for treatment of alcoholism, drug abuse or substance abuse disorders: 30 days per calendar year

Lifetime maximum for outpatient treatment of mental illness, alcoholism, drug abuse or substance use disorders: $15,000 per Covered Person

Missouri	SL-VERSEP12-MO	No waiting period limitation. Wellness and Preventive Services are not available Common carrier life insurance benefits are not available Revised exclusion i. “Services and supplies that are not medically necessary to treat a covered loss.” Exclusion o. has been struck from the state of Missouri’s exclusions and limitations. Revised exclusion p. “Pregnancy or maternity: Complications of pregnancy are not excluded.”
Montana	SL-VERSEP12-MT	No waiting period limitation. f. “The Covered Person’s commission of or attempt to commit a felony” is not applicable in Montana. i. “Services and supplies which are not medically necessary to treat a covered loss (other than as stated in the Wellness and Preventive Care benefit) is not applicable in Montana.

State-specific variations

State	Policy Form Number	Differences
		q. “Pregnancy or maternity unless such coverage is expressly provided herein. Complications of pregnancy are not excluded.” is not applicable in Montana. Addition: Severe mental illness Plan 1: $50/day 2 times a year; Plan 2: $50/day 2 times a year; Plan 3: $60/day 3 times a year; Plan 4: $70/day 3 times a year; Plan 5: $80/day 4 times a year Addition: “All of the policy’s benefits are fixed amounts and are not subject to medical inflation. Therefore, the Company does not anticipate any increases in premium due to medical inflation.”
Nebraska	SL-VERSEP12-NE	Revised exclusion: e. “A loss sustained or contracted in consequence of the Covered Person’s being legally intoxicated or under the influence of narcotics unless administered on the advice of a physician.”
Nevada	SL-VERSEP12-NV	Intoxication and illegal drug exclusion does not apply.
North Carolina	SL-VERSEP12-NC	Revised exclusion: c. “Declared or undeclared war, or any act of declared or undeclared war, but does not include an act of terrorism”
		Revised exclusion l. “This exclusion does not apply to procedures involving any bone or joint of the jaw, face or head, so long as the procedure is medically necessary to treat a condition which prevents normal functioning of the particular bone or joint involved and the condition is caused by congenital deformity, disease or traumatic injury." Revised exclusion n. “Services or supplies for the treatment of an occupational injury or sickness which are paid under the North Carolina Worker’s Compensation Act only to the extent such services or supplies are the liability of the employer or worker’s compensation insurance carrier according to a final adjudication under the North Carolina Worker’s Compensation Act or an order of the North Carolina Industrial Commission approving a settlement agreement under the North Carolina Worker’s Compensation Act." Revised exclusion o. “Treatment of any mental or nervous disorder or substance abuse unless such coverage is expressly provided herein”
Ohio	SL-VERSEP12-OH	Revised exclusion i. “The Covered Person receiving treatment that is not medically necessary to treat a covered loss (other than as stated in the Wellness and Preventive Care Benefit)”
		Revised exclusion j. “The Covered Person’s treatment received without charge or legal obligation to pay or would not normally be paid in the absence of insurance” Revised exclusion k. “A Covered Person’s treatment received outside of the United States of America, its possessions and territories” Revised exclusion q. “Pregnancy or maternity. Complications of pregnancy are not excluded” Revised Renewability: The policy is guaranteed renewable to age 65 which means you have the right to continue the policy in force subject to certain termination provisions. Premiums are subject to change as stated in the policy. If premiums are changed, the Company will provide appropriate notice as required by your state. The policy contains a 31-day grace period in which to pay premiums. The policy stays in force during the grace period.
Oklahoma	SL-VERSEP12-OK	Revised exclusion c. “Declared or undeclared war, or any act of declared or undeclared war when serving in the military or an auxiliary unit thereto”
		Revised exclusion e. “The Covered Person’s being under the influence of any narcotic, unless administered on the advice a doctor” Revised exclusion f. “The Covered Person’s drug addiction” Revised exclusion m. “a. To correct damage for a covered injury or sickness; b. To repair a birth defect of a covered dependent child that has resulted in a functional defect; or c. For reconstructive surgery incidental to or following surgery resulting from trauma, infection or other diseases of the involved part.” Exclusion r. does not apply for the state of Oklahoma.
Pennsylvania	SL-VERSEP12-PA	Cover: BENEFITS PROVIDED ARE SUPPLEMENTAL AND ARE NOT INTENDED TO COVER ALL MEDICAL EXPENSES, AND IT IS NOT A MAJOR MEDICAL OR COMPREHENSIVE HEALTHCARE POLICY.
		Revised exclusion a. “Suicide or any attempt at suicide or intentionally self-inflicted injury” Revised exclusion b. “Any occupation that includes the piloting or aerial navigation of an airplane or other aerial or flying device or machine” Revised exclusion c. “Act of war whether declared or undeclared if the Covered Person is on active duty as a crew member of the armed forces of any nation”

State-specific variations

State	Policy Form Number	Differences
		Revised exclusion d. “Full-time active duty in the armed forces, National Guard or organized reserve corps of any country or international authority. (Unearned premium for any period for which the Covered Person is not covered due to his/her active duty status will be refunded. Loss caused while on short-term National Guard or reserve duty for regularly scheduled training purposes is not excluded.) Upon receipt of a written request, we will refund premiums on a pro rata basis to any Covered Person to whom this exclusion applies subsequent to that Covered Person’s effective date of coverage under this policy”
		Revised exclusion e. “The Covered Person’s being intoxicated or under the influence of any narcotic unless administered on the advice of a physician. The term “intoxicated” refers to that condition as defined by law and decisions of the jurisdiction in which the accident, cause of loss, or loss occurred.”
		Revised exclusion f. “Participation in a riot or insurrection, the commission of or attempt to commit a felony, or being engaged in an illegal occupation”
South Carolina	SL-VERSEP12-SC	Addition: “Accident Only Coverage — Policies of this category are designed to provide, to persons insured, coverage for certain losses resulting from a covered accident ONLY, subject to any limitations contained in the policy. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses due to sickness. Accident and Sickness Coverage — Policies of this category are designed to provide, to persons insured, coverage for: a. certain losses resulting from a covered accident; AND b. coverage for basic hospital, basic medical-surgical, or major medical expenses due to sickness subject to any limitations contained in the policy.”
South Dakota	SL-VERSEP12-SD	Cover: “THIS IS A LIMITED HEALTH BENEFITS PLAN WHICH DOES NOT PROVIDE COMPREHENSIVE MEDICAL COVERAGE AND IS NOT INTENDED TO COVER ALL MEDICAL EXPENSES. THIS PLAN IS NOT DESIGNED TO COVER THE COSTS OF SERIOUS OR CHRONIC ILLNESS.”
		Revised exclusion e. “The Covered Person’s being intoxicated (defined as blood alcohol concentration equal to or in excess of .08 gms/dl blood alcohol), if such action or actions result in the commission of a felony”
		Revised exclusion f. “The Covered Person’s: a) voluntary use of illegal drugs; b) the intentional taking of over the counter medication not in accordance with recommended dosage and warning instructions; and c) intentional misuse of prescription drugs, if such action or actions result in the commission of a felony”
		Deleted exclusion h., “The Covered Person being engaged in illegal occupation”
		Revised exclusion m. “Any covered loss for which a claim is paid under any state or federal Worker’s Compensation, Policyholder’s Liability law or similar law”
Tennessee	SL-VERSEP12-TN	Dislocation, fracture and burn benefits not available.
Texas	SL-VERSEP12-TX	Revised exclusion e. and f. “Any loss sustained or contracted in consequence of the Covered Person being intoxicated or under the influence of any narcotic unless the narcotic is administered on the advice of a physician”
Virginia	SL-VERSEP12-VA	Cover: “NOTICE: HOSPITAL CONFINEMENT INDEMNITY COVERAGE IS DESIGNED TO SUPPLEMENT, NOT COVER ALL MEDICAL EXPENSES. IT IS NOT A MAJOR MEDICAL OR COMPREHENSIVE HEALTHCARE POLICY. PLEASE READ CAREFULLY!
		Hospital Confinement - Accident, Maximum Number of Days: 365, Hospital Confinement - Illness, Maximum Number of Days: 365
		Intensive Care - Accident, Maximum Number of Days - 30, Intensive Care - Illness, Maximum Number of Days - 30
		Continuous Care - Accident, Maximum Number of Days - 30, Continuous Care - Sickness, Maximum Number of Days - 30
		Substance Abuse, Maximum Number of Days - 30
		Mental Illness, Maximum Number of Days - 30
		Dislocation, fracture and burn benefits not available.
		Critical illness benefit not available.
		Waiting Period Limitation: “Loss caused by or relating to sickness will not be covered for the first 30 days after the effective date of each Covered Person.”
		Revised exclusion a. “Suicide (sane or insane), attempted suicide or intentionally self-inflicted injury”
		Revised exclusion b. “Piloting or co-piloting a vehicle used for aerial navigation”
		Revised exclusion e. “Alcoholism or drug addiction unless such coverage is expressly provided herein”
		Revised exclusion f. “The Covered Person being drunk (legal intoxication as defined by the state), or under the influence of any narcotic unless taken on the advice of a physician”
		Revised exclusion m. “a. To repair a birth defect of a child born to you or; b. For reconstructive surgery when such service is incidental to or follows surgery resulting from trauma, infection or other diseases of the involved part”
		Revised exclusion n. “Any covered loss that is covered in a government hospital, benefits provided under Medicare or other governmental program (except Medicaid), any state or federal worker’s’ compensation, employer’s liability or occupational disease law, or any motor vehicle no-fault law”

State-specific variations

State	Policy Form Number	Differences
		Revised exclusion q. “Pregnancy or maternity except for: a. Complications of pregnancy; and b. Pregnancy following an act of rape of a Covered Person, which was reported to the police within seven days following its occurrence. The 7-day requirement shall be extended to 180 days in the case of an act of rape or incest of a female under 13 years of age” Exclusion r. deleted, “Participating in hazardous occupations ...” Exclusions t. and u. do not apply in the state of Virgina. Revised Renewability: “The policy is guaranteed renewable, to the later age of 75 of the Policyholder OR of the Policyholder’s covered spouse. This means that the policyholder has the right to continue the policy in force to age 75, subject to certain termination provisions contained in the policy. Premiums are subject to change as stated in the policy. If premiums are changed, the Company will provide appropriate notice as required by your state. The policy contains a 31 day grace period in which to pay premiums. The policy stays in force during the grace period.”
West Virginia	SL-VERSEP12-WV	Cover: “This is a supplement to health insurance and is not a substitute for major medical coverage. Lack of major medical coverage (or other minimum essential coverage) may result in an additional payment with your taxes.”

About Standard Life and Accident Insurance Company

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.

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PIVOT HEALTH

PivotHealth is a leader in offering you choices and flexibility that pivot with your insurance needs over time.