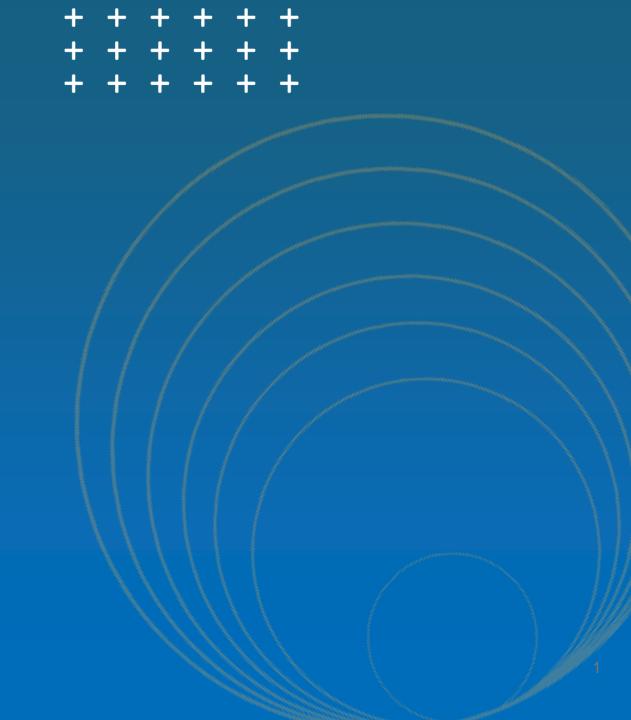


12 Months of
Continuous STM
Coverage.
Exclusively Through
Pivot Health



Who is Pivot Health?

Proprietary Products Underwritten by Three "A" Rated Carriers:



Pivot Health

Proprietary Products

Short Term Medical plans

- Doctor office copays, hospitalization coverage,
- Emergency room visits, wellness visit paid 100% up to the plan limit
- Preventive coverage
- Rx copay plans
- Access to National networks and plans with open access-no network restrictions

Dental Plans / Vision Plans

- Increasing benefits year 2 & 3 on some plans
- 100% preventive coverage no wait all plans
- 3 plan designs to choose that fit your needs

Latitude

 Critical Illness, Accident, Hospitalization and AD&D benefit packaged together for a \$2500 benefit or \$5000 benefit







The New STM World

<u>Shorter Duration Plans -30 days to 4 months</u>

+ + + + + + + + + + + + + + +

How Do You manage Your Clients' STM Coverage with 4 Months?

Pivot Health's Solution:

Pivot has 3 carrier options in one quote and enroll platform.

- You can manage your clients' coverage by carrier in Pivot's back office
- One stop shop for quoting and enrolling all three carriers
- Same commission schedule
- Same service
- Same account executive

STM Product Portfolio-4 Month Durations



Core "Lite" Plans

Access to First Health
Network
Preventive and Wellness
Benefits
Doctor Office Copay
Limited hospitalization benefit
Prescription Drug benefit



Classic Plans

Array of plan designs
Open Access
Preventive and Wellness
Benefits
Doctor Office Copay
Prescription Drug Benefit



Epic Plans

Preventive Coverage
Child immunizations covered
at 100%
Optional Prescription Drug
copay
Access to Cigna Network
Optional Accident Rider

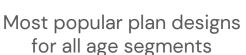


Quantum Plans***

Rich Benefit Designs
Cigna Network
100% Coinsurance Plans
Preventive and wellness
Supplemental Accident
Included



Popular plan for <25 yr old College students /Child only policies





Most popular plan for ages 34–50 Popular Family Plan



Established Entrepreneurs

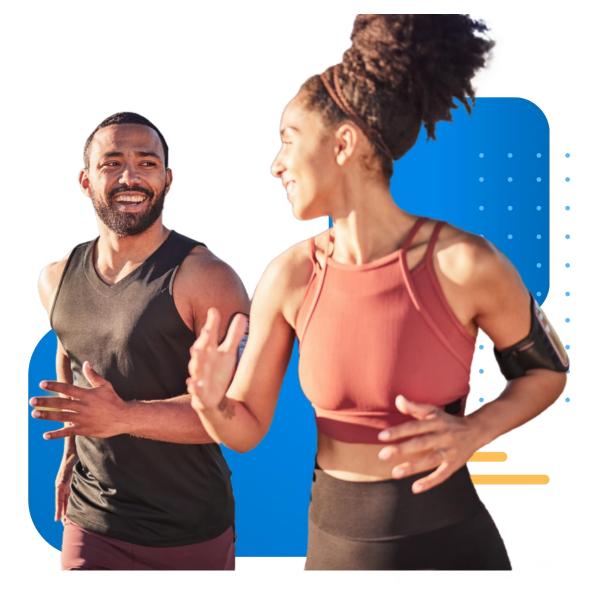
*** not available in TX



New STM Product-4 Months

SureCare**

Open Access
Adult Wellness Exam \$50 Copay
Childhood Immunizations @ 80%
Women's Mammography
screening, OBGYN, and men's
prostate cancer screening not subject to
deductible



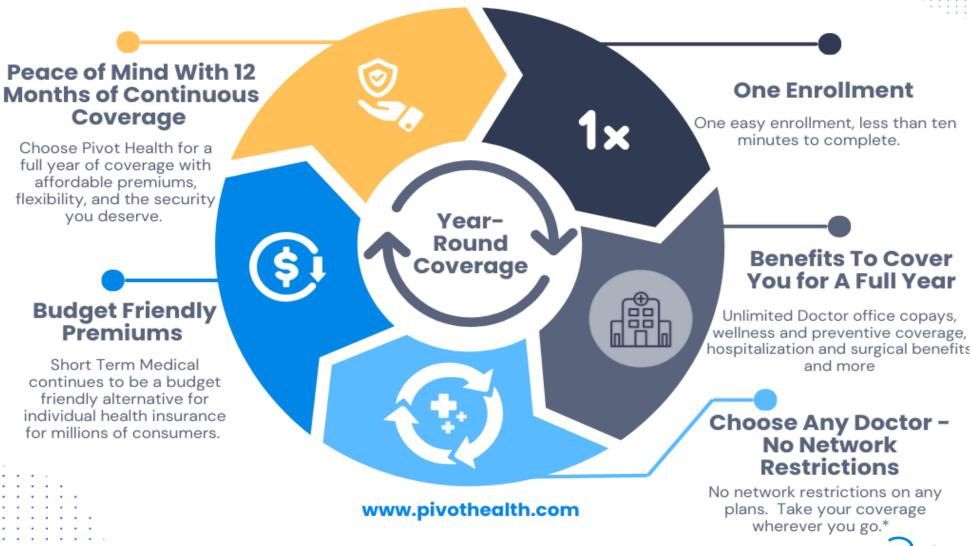


What About Sept. 1st and Beyond??? **Continued**





Exclusive to Pivot Health: 12-Month STM Coverage



For agent use only. Not for use with consumers. Exclusions and limitations may apply. Products are not available in all states.



Pivot Health's 12 Month State Availability State Availability is subject to change

| State | AK | _ | _ | AZ | CA | co | СТ | DC | DE. | FL | _ | ні і | A ID | IL | _ | _ | KS | | MA | MD | ME | MI N | IN N | NO. | | MT I | NC I | _ | _ | NH N | IJ N | M N | _ | _ | OR | PA | RI 8 | SC 8 | _ | _ | $\overline{}$ | UT | VA V | T W | _ | _ | _ |
|-------------------------|----|--------------|--------------|--------------|----|----|--------------|--------------|-------------|-------------------------|--------------|-------------|------|--------|-------------------------|--------------|--------------|--------------|--------------|----|----|----------|----------|--------------|--------------|------------|--------------|--------------|--------------|------|------|-----|-------------|----------|--------------|--------|------|----------|--------------|----------|---------------|----|--------------|--------|--------------|--------------|---------------|
| 1-3-12 | | \checkmark | ~ | \checkmark | | | | | | \checkmark | ~] | | | | | ✓ | | \checkmark | | | | | | | ✓ | | | | ~ | | | | \vee | 1 | | | | | | ✓ | ~ | | | | \checkmark | \checkmark | \checkmark |
| 1-2-8 (Choice & Epic) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | ~ | | | | | | | | | | | | | |
| 1-2-8 (SureCare & Epic) | | | | | | | | | | | | | | | | | \leq | | | | | | | \checkmark | | | | | | | | | | | | | | ~ | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 Month Duration | AK | AL | AR | ΑZ | CA | со | СТ | DC | DE* | FL | GA | ні и | A ID | IL | IN | KY | KS | LA | MA | MD | ME | MI N | AN N | ио | MS | мт | NC I | ND | NE I | NH N | IJ N | M N | V OH | и ок | OR | PA | RI S | SC S | SD . | TN | тх | UT | VA V | T W | wı | wv | WY |
| Classic STM | | \checkmark | \ | \checkmark | | | | | Y | abla | \checkmark | V | 4 | П | $\overline{\mathbf{A}}$ | \checkmark | | \checkmark | | | | ✓ | | \checkmark | ✓ | | \checkmark | ~ | \checkmark | | Т | | 1 | 1 | \checkmark | | | \Box | | ✓ | \checkmark | | ~ | \top | \checkmark | \checkmark | $\overline{}$ |
| Core STM | | \checkmark | ~ | \checkmark | | | | | ~ | abla | \checkmark | | Т | | | ~ | | \checkmark | | | | ~ | | \checkmark | ✓ | | ~ | ~ | ~ | | | · | 1 ∨ | Y | | | | | | ~ | ~ | | ~ | | ~ | \checkmark | ~ |
| Quantum STM | | \checkmark | | \checkmark | | | | | Y | \subseteq | | | | | \leq | \checkmark | | \checkmark | | | | | | | ~ | | | | \checkmark | | | | 1 ∨ | 1 | | | | | | ~ | | | | | \checkmark | \checkmark | \checkmark |
| Epic Base STM | | | > | | | | | | | | \checkmark | | | | | | | | | | | ~ | | | | ~] | ~ | ~ | | | | | | | | \vee | | | | | ~ | | ~ | | | | |
| Epic Base & PPO STM | | \checkmark | | \checkmark | | | | | | $\overline{\mathbf{A}}$ | | | 7 | | $\overline{\mathbf{A}}$ | ~ | \checkmark | V | | | | | | \checkmark | ✓ | | | | ✓ | | | , | 1 ∇ |][~ | | | | ✓ | | Y | | | | | \checkmark | | |
| SureCare STM | | \checkmark | > | \checkmark | | | | | | \square | \checkmark | | | | abla | \checkmark | \checkmark | \checkmark | | | | | | \checkmark | \checkmark | | \checkmark | \checkmark | \checkmark | | | | 1[▽ |] [~ | | | | ☑[| \checkmark | ✓ | \checkmark | | | | \checkmark | \checkmark | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ancillary Plans | AK | AL | AR | ΑZ | CA | CO | СТ | DC | DE* | FL | GA I | HI V | A ID | IL | IN | KY | KS | LA | MA | MD | ME | MI N | AN I | ON | MS | MT I | NC I | ND | NE I | NH N | IJ N | M N | V OI | OK | OR | PA | RI S | SC S | SD . | TN | TX | UT | VA V | T W | WI | WV | WY |
| Brilliant Dental | | \checkmark | \checkmark | \checkmark | ~ | | \checkmark | \checkmark | ~ | \subseteq | \checkmark | ∠ [· | 7 | \leq | \leq | ~ | \checkmark | Y | \checkmark | | | Y | ~ | | ~ | | | ~ | ✓ | | | | 1 [∨ |][~ | \checkmark | | | ~ | | ~ | ~ | | √ • | | \checkmark | \checkmark | ~ |
| Latitude Supplemental | | \checkmark | > | \checkmark | | | | | > | $\overline{\mathbf{A}}$ | \checkmark | 2 | 7 | | \leq | ~ | | | | | | \top | | | ~ | | | ✓ | ✓ | | | | | ~ | | \vee | | ~ | | ~ | ~ | | | | \checkmark | \checkmark | \checkmark |
| *90 Days | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5/8/25 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |



What makes the Pivot Health 12 Month STM Plan Unique?

- FIRST DOLLAR -Preventive and wellness benefits included on every plan
- ULIMITED doctor office copays
- Plan utilizes no network restrictions open access
- Simplified underwriting: no rate ups, no social security number needed (need to live in US continuously for <u>4</u> months prior to application date), No height, only weight requirements: less than 300 for male and less than 250 for female
- Get Advocacy- healthcare navigation service and bill negotiation services for Open Access plans
- Child/ Children only policies down to 6 months to the Pre-Medicare Market (64 years & 11 months)
- All plans include Free and Unlimited Virtual Urgent Care Through Clever Health
- A pre-package STM of "THREE A" rated, 4 month plans Companion Life, North River, and Pan-American**. carrier varies by product

Open Access How Does It Work

All Provider Access

All Provider Access - No Network Restrictions. Member chooses provider that best fits their needs

Discount based on % of Medicare allowable. 125% of medicare allowable for physicians/150% for facilities.

Balance Bill Protection on covered services.

Average discount 69%

Member wins – discount higher on most claims, rates are competitive, balance billing protection



Ancillary Products

Dental/Vision and Supplemental Plans



Pivot Health Ancillary Plans

Dental / Vision and Gap Plans



Brilliant Dental- Standalone or add on

- Renaissance Dental Network with access to 300K + dentists national
- No waiting periods for any service on the
- Essential/Maximum Plans
- Progressive benefits and annual max for the Essential and Maximum Plan
- Routine cleanings paid at 100% -
- THREE cleanings on Essential/ Max
- Child ortho benefits for the Maximum Plan
- Add on VSP Vision \$150 frame or Lens allowance
- Higher Comp



Latitude Gap Plan- Add on only

- Bundled Accident, Critical Illness, Hospital Indemnity
- and AD&D
- Two plan selections with a \$2500 benefit or a
- \$5,000 benefit
- Cash payment paid directly to member
- Pays out regardless of other insurance
- Up to 75% savings on prescription drugs
- 15-40% discounts on eye exams, lenses frames and contacts



Pivot Health Getting Started





Q Search...

Product Portfolio ~

Helpful Links V

My Book of Business

Pending Business v

Get a Quote

Saved Quotes/Pending Applications

Welcome to the Pivot Health Agent Portal

Access the latest resources including product details, plan brochures, training materials, and more

New! Our Unique Solution Offers Up to 12 Months of Short Term Medical Coverage.

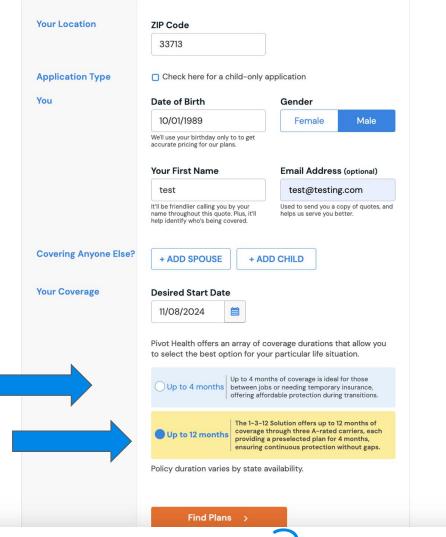
4 month, 8** or 12 month STM Solution - How it works

Pivot Health Quote & Enroll Platform

- Simple Census Duration question is the only change: 4 months, 8 months**, or 12 months.
- New disclosure requirement on the census page

Your quote is almost ready

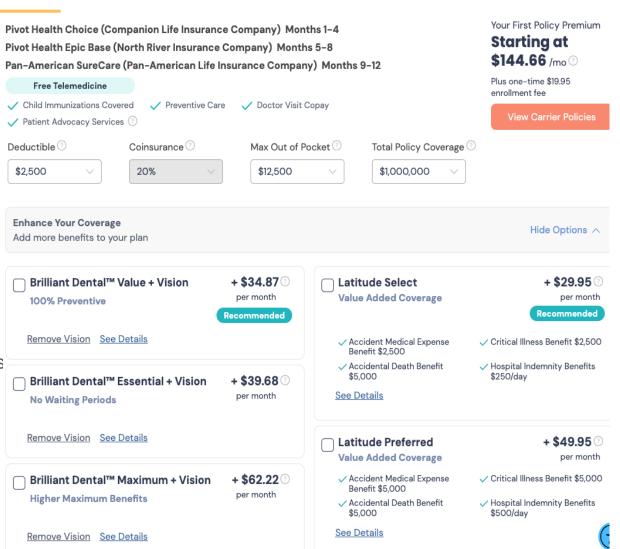
Please provide us with the following information so we can customize your quote



12 Month Solution - How it works

Quote page

- 12 Mo Coverage 3 carriers each with one plan with
 4 mo duration
- Carrier sequence is randomized at time of quote
- Brilliant Dental/vision and Latitude Gap still available as check the box add-on
- View Details will show all three carriers side by side to review plan benefits and differences with your clients





12 / 8 Month Solution - How it works

Quote page: **Back to Quotes Results** Email This Quote **Continue to Enrollment Coverage Type** Companion Life Insurance North River Insurance Pan-American Life Company Company Insurance Company Pivot Health Choice Pan-American SureCare Pivot Health Epic Base \$144.66 /mo \$140.06 /mo \$155.33 /mo What you pay *Plus one-time \$19.95 enrollment fee Coverage Period Months 1-4 Coverage Period Months 9-12 Coverage Period Months 5-8 Plan Essentials & Benefits Individual Deductible \$2,500 \$2.500 \$2.500 **Coverage Duration** 4 Months 4 Months 4 Months Coinsurance 20% 20% 20% **Total Policy Coverage** \$1,000,000 \$1,000,000 \$1,000,000 \$12,500 \$10,000 \$10,000 Max Out-of-Pocket View Features of Pre-Selected View Features of Pre-Selected View Features of Pre-Selected 1-3-12 Plans 1-3-12 Plans 1-3-12 Plans Click Here For Full Plan Details, L Click Here For Full Plan Details, Click Here For Full Plan Details, D **Rx Coverage** & Exclusions & Exclusions & Exclusions

Pre-Selected Plans for The 12 Months of Coverage

Simplifying the Navigation to Purchase Short Term Health Insurance

Issuance of new policies in succession, each with its own set of terms and underwriter.



- · A new short-term medical policy is issued every 120 days, including new plan deductible(s) and copays. A different insurance company underwrites each plan, so you will receive a new ID card and fulfillment materials that are carrier-specific each time.
- · Conditions that start in one of the first two policies will be covered as any other illness in the succeeding policies.
- ·No new underwriting for policy two and three.
- ·No new waiting periods on the second and third policy
- · Benefits may vary from one plan to the next, so it is important to review plan documents at the start of each new policy.
- Rates will fluctuate for policy two and three.
- Note: Carrier placement is a random selection at time of quote. Three policy design must be selected at time of issuance. Carrier order varies by quote.

| Plan Benefits | North River Insurance Company | Companion Life Insurance Company | Pan American Life Insurance Company |
|---|---|---|--|
| Individual Deductible | \$2,500, \$5,000, or \$10,000 | \$2,500, \$5,000, or \$10,000 | \$2,500, \$5,000, or \$10,000 |
| Family Deductible | 2x Ind Ded | 3x Ind Ded | 3x Ind Ded |
| Coinsurance (percentage you pay) | 20% | 20% | 20% |
| Max Out-of-Pocket | \$12,500 or
\$15,000 | \$12,500 or \$15,000 | \$10,000 Coinsurance out of pocket maximum, after deductible is met. |
| Total Policy Coverage | \$250,000 or \$1M | \$250,000 or \$1M | \$250,000 or \$1M |
| Doctor/ Specialist/ Urgent Care Office Visit Copay | \$30/\$60/\$60 unlimited | \$30/\$60/\$60 unlimited | \$30/\$30/\$30 unlimited |
| Wellness Office Visit Copay | We pay 100% up to a \$100 per covered person per coverage period.* | We pay 100% up to a \$200 per covered person per coverage period. | For adults, \$50 copay, once per year,
and then covered 100%. For children,
subject to the deductible
and then 20% coinsurance. |
| Prostate Cancer Screening | After the Deductible, we pay 80% until the Coins Max. Then 100%. | After the Deductible, we pay 80% until the Coins Max. Then 100%. | Deductible waived. We pay 80% until
the Coins Max. Then 100%. |
| Colorectal Screening | After the Deductible, we pay 80% until the Coins Max. Then 100%. | After the Deductible, we pay 80% until the Coins Max. Then 100%. | Not covered |
| Routine Annual Obstetric Gynecological Examination | After the Deductible, we pay 80% until the Coins Max. Then 100%. | After the Deductible, we pay 80% until the Coins Max. Then 100%. | Deductible waived. We pay 80% until
the Coins Max. Then 100%. |
| Preventative Screening Mammography only/ All other diagnostic mammography's | Deductible waived for screening
mammography. We pay 80% until Coins
max. Then 100%. | After the Deductible, we pay 80% until the Coins Max. Then 100%. | Deductible waived. We pay 80% until
the Coins Max. Then 100%. |

Educational material is for agent use only. Not for use with consumers. Short-term medical coverage is not required to comply with certain federal market requirements for health insurance, principally those contained in the Affordable Care Act (ACA). Federal subsidies may be available to lower the premium cost of ACA plans based on financial eligibility. Exclusions and limitations may apply to products outlined in this presentation. Products are not available in all states.

*3 month waiting period for wellness visit.

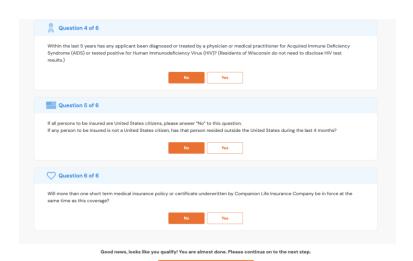
Pre-Selected Plans for The 12 Months of Coverage

| Prescription Drugs | Discount Plan / Cerpass Rx | Discount Plan / Cerpass Rx | Discount Plan / Cerpass Rx |
|---|---|--|--|
| Emergency Room | \$250 Copay, then after the Deductible,
we pay 80% until the Coins Max.
Then 100%. | \$250 Copay, then after the Deductible,
we pay 80% until the Coins Max.
Then 100%. | No Copay. After the Deductible, we pay 80% until the Coins Max. Then 100%. |
| Outpatient Surgical Facility | After the Deductible, we pay 80% until the Coins Max. Then 100%. | After the Deductible, we pay 80% until the Coins Max. Then 100%. | After the Deductible, we pay 80% until the Coins Max. Then 100%. |
| Hospital Confinement / Intensive Care | After the Deductible, we pay 80% until the Coins Max. Then 100%. | After the Deductible, we pay 80% until the Coins Max. Then 100%. | After the Deductible, we pay 80% until the Coins Max. Then 100%. |
| Diagnostic Testing | After the Deductible, we pay 80% until the Coins Max. Then 100%. | After the Deductible, we pay 80% until the Coins Max. Then 100%. | After the Deductible, we pay 80% until the Coins Max. Then 100%. |
| Mental and Nervous Disorders | Not covered | After the Deductible, we pay 80% until
the Coins Max. Then 100%. | After the Deductible, we pay 80% until
the Coins Max. Then 100%. Inpatient -
Not to exceed \$100 per day/30 days.
Outpatient - Not to exceed \$100/10
days |
| Substance Abuse | Not Covered | After the Deductible, we pay 80% until
the Coins Max. Then 100%. Inpatient
- Not to exceed \$100 per day/31 days.
Outpatient - Not to exceed \$50 per
day/10 days. | After the Deductible, we pay 80% until
the Coins Max. Then 100%. Inpatient -
Not to exceed \$100 per day/30 days.
Outpatient - Not to exceed \$100/10
days |
| Athletic Injury | Covered as any other illness | Covered as any other illness | Covered as any other illness |
| Child Immunizations | Deductible waived.
Subject to coinsurance. | Deductible waived.
Subject to coinsurance. | Deductible waived.
Subject to coinsurance. |
| Children Preventative Health | After the Deductible, we pay 80% until the Coins Max. Then 100%. Immunizations are not subject to a deductible. | After the Deductible, we pay 80% until the Coins Max. Then 100%. Immunizations are not subject to a deductible. | After the Deductible, we pay 80% until the Coins Max. Then 100%. Immunizations are not subject to a deductible. |
| Network | All Access | All Access | All Access |
| Brochure Including Plan Details, Exclusions and Limitations | https://cdn.pivothealth.com/agents/short_term/PH_
EpicBaseO92223.pdf | https://cdn.pivothealth.com/agents/short_term/
PHSTM-102822.pdf | https://cdn.pivothealth.com/agents/short_term/PH_
SureCareO3O624.pdf |

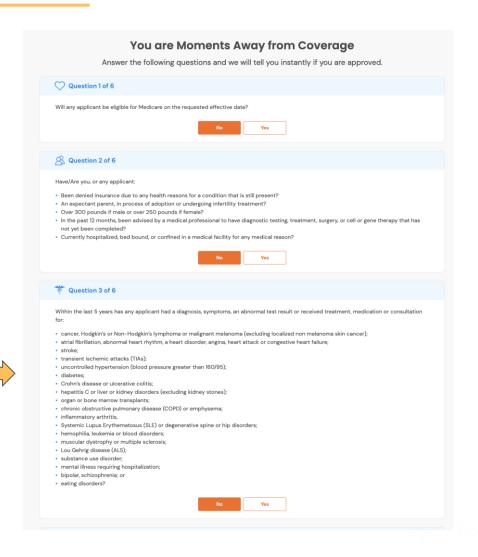
4 Month and 12 / 8 Month Solution - How it works

One enrollment for all carriers

- Simplified Underwriting
- Accept or reject on the spot
- No smoking questions



Save & Continue >





Test, Let's Finish Your Enrollment

We can't wait to start your new health plan! Remember, you have a 10-day free look period and can cancel during that time for a full refund.

| 1. Contact Informa | ation | Applicant | |
|---|--|--------------------------------|-------------------------|
| First Name | Last Name | | 40475 Richmond, KY |
| test | | Members ∨ | |
| Phone Number | Email Address | Pan-American Life
Company | Insurance |
| Street Address | | Pan-American SureCa | are |
| | | Months | 1-4 |
| Richmond, KY 40475 (Change lo | ocation) | Monthly Cost 1 | \$227.19 |
| | | Plan Details ~ | |
| 2. Billing Informati | on | Coverage Period | (Edit) |
| | | Plan Starts | May 1, 2025 |
| Credit Card | ACH Transaction | Period | 4 Months |
| | | End Date | Aug 31, 2025 |
| Secure credit card p This is a secure 128 Card Number | ayment
3-bit SSL encrypted payment. | Companion Life Inst
Company | urance |
| | | Months | 5_9 |
| Accepted Credit Cards VISA | | | |
| Expiration Date | Security Code | Monthly Cost | \$188.81 |
| | | Plan Details ~ | |
| MM/YY | * 3 digits on back of card | Coverage Period | |
| Name | | Plan Starts Period | Sep 1, 2025
4 Months |
| | | End Date | Dec 31, 2025 |
| * As it appears on your card | | | |
| 7 7 | tored in Authorize.net's secure | North River Insurance | ce Company |
| servers. Pivot Health does
information. | not store your payment | Pivot Health Epic Base | • |
| Check if billing address is | different from contact address | Months | 9-12 |
| | | Monthly Cost | \$182.58 |
| | | Plan Details ~ | |
| | | Coverage Period | |
| | | Plan Starts | Jan 1, 2026 |
| | | Period | 4 Months |
| | | End Date | Apr 30, 2026 |
| | | | |
| | | | |

Summary

Pan-American SureCare
One-Time Enrollment Fee

TOTAL DUE TODAY

\$227.19 \$19.95

\$247.14



Applicant

Test, Let's Finish Your Enrollment

We can't wait to start your new health plan! Remember, you have a 10-day free look period and can cancel during that time for a full refund.

| | Last Name |
|--|--------------------------------|
| Test | |
| Phone Number | Email Address |
| treet Address | |
| ichmond, KY 40475 (Change locatio | <u>on)</u> |
| 2. Billing Information | |
| Credit Card | ACH Transaction |
| Secure credit card payme
This is a secure 128-bit | ent
: SSL encrypted payment |
| ard Number | |
| Accepted Credit Cards VISA 🌨 🤏 | ya. |
| expiration Date | Security Code |
| MM/YY | * 3 digits on back of card |
| | |

servers. Pivot Health does not store your payment

Check if billing address is different from contact address

information.

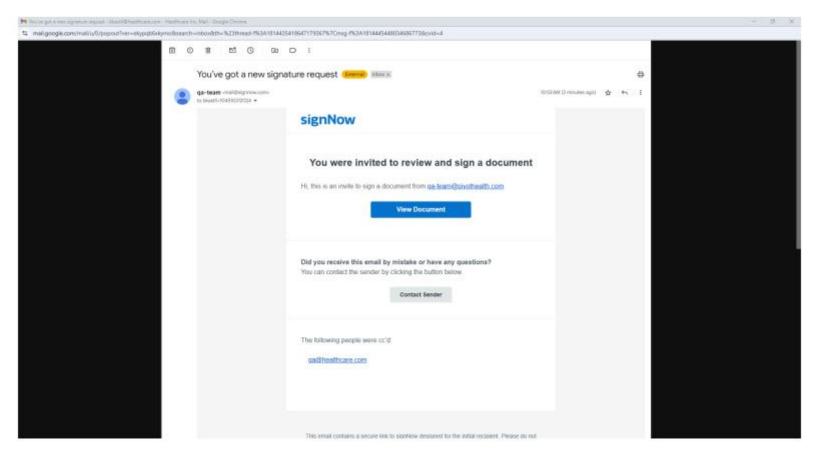
| Location | 40475 Richmond, KY |
|--|--------------------|
| Members ~ | |
| Pivot Health Epic | Base |
| Monthly Cost | \$101.01 |
| Plan Details ∨ | |
| Coverage Period Plan Starts Period End Date Payment Options Monthly Receive a discounted rate on your policy if you pre-p | • |
| days of coverage! | |
| Summary | A101 01 |
| Pivot Health Epic Base One-Time Enrollment | |
| TOTAL | \$120.96 |

*When Will I Be Charged: Credit Card Transactions – You will be charged for your first month of coverage on the date of purchase (today). ACH Transactions – Please allow up to a week for payment to be drafted for the first month of coverage. For both Credit Card and ACH transactions, subsequent charges will occur on the same date of the month as the effective date. If the effective date falls on a weekend or holiday, charges will be processed on the next business day. If you selected two or three consecutive policies, rates are subject to change during the subsequent coverage periods.

| ☐ If this Application is completed electronically, I agree that my electronic signature serves as my original signature. If this Application is not completed electronically, I agree I am providing verbal consent to certify my Application in lieu of a signature. |
|--|
| |
| ☐ I agree to purchase and can cancel at any time after a minimum 30 day enrollment. I understand I am purchasing a Short Term Medical product. I understand that rates are subject to change during subsequent periods when multiple durations are selected. I understand this product is not ACA compliant. |
| |
| □ I acknowledge that I have read the applicable Fraud Notice. |
| |
| ☐ I have read this application and have verified that all of the information provided in it is complete, true and correct, and is all within my personal knowledge. |
| |
| ☐ I understand that this coverage contains a Pre-existing Condition exclusion, a Waiting Period for Sickness, and other restrictions and exclusions. |
| |
| ☐ I agree to purchase and can cancel at any time after a minimum 30 day enrollment. I understand I am purchasing a Short Term Medical product. I understand that rates are subject to change during subsequent periods when multiple durations are selected. I understand this product is not ACA compliant. |
| |
| ☐ If this Application is completed electronically, I agree that my electronic signature serves as my original signature. If this Application is not completed electronically, I agree to provide my verbal consent to certify my Application in lieu of a signature. |



- 7. eSignature Document Customer: Customer to review and fill out eSignature document.
- *Emails will be sent from qa-team@signnow.com





Put on Your Running Shoes and Gear Up for the Summer Sprint Bonus

The heat is on, and so are the rewards. Our Summer Sprint Bonus is officially live — and this is your moment to shine.

From 4 to 12 months of coverage, give your clients the flexible, affordable healthcare they need with Pivot Health's short-term medical (STM) plans.

Looking to boost your sales and your bonus? Consider adding dental/vision and supplemental coverage for extra protection and peace of mind.



For agent use only. Not for distribution.



Summer Sprint Bonus Structure: Short-Term Medical Sales

Earn more with every sale during our Summer Sprint! From now through August 31, agents can qualify for tiered cash bonuses based on total Pivot Health STM plans sold.

| # of Sales | Bonus Payout |
|------------|-----------------|
| 20-49 | \$50 per policy |
| 50-99 | \$75 per policy |
| 100-149 | \$40 per policy |
| 150-199 | \$25 per policy |
| 200+ | \$10 per policy |

Bonus Rules

The baseline is 20 short-term medical policies with any combination of 4 month, 8 or 12 month short-term medical plans.¹

All eligible plans must be submitted June 1 - August 31, 2025 with effective dates from June 2 - August 31, 2025. Bonuses will be paid out in October 2025.

Questions

Letty Perez- Broker Account Executive Letty.perez@healthcare.com (813) 771-9330

