

Pivot Health Proprietary Products by Healthcare.com



Who is Pivot Health

We develop products customers need.



Founded in 2015, Pivot Health started as a marketing, product development, distribution company bringing alternative insurance products to the individual market.



2018 Healthcare.com purchased Pivot Health for its proprietary products and the company's collective years of health insurance leadership expertise.



Today, Healthcare.com is marketing Pivot Health proprietary products using innovative AI technology to become one of the leading insurtech disruptors in the broker agent and direct online space.

Pivot Health Proprietary Product Suite



Short-Term Medical

- Limited duration plans
- Array of plan designs
- Preventive and Wellness Benefits
- Plans with doctor office copays
- Plans utilizing national networks
- Plans providing Open Access



Indemnity Plan

- No deductible or coinsurance
- Increasing Hospital confinement benefit
- Blended benefits for injury and illness
- No lifetime maximum
- Patient Advocacy Services



Dental / Vision

- No waiting periods for any services on select plans
- Some benefits increase in year 2 and 3
- Child ortho on high plan
- Preventive exam covered at 100%
- Optional Vision through VSP



Supplemental

- Package critical illness, accident, hospital indemnity and AD&D coverage
- Guarantee Issue
- Cash benefits paid directly to member

STM Product Portfolio



Core Plans

Low Deductibles
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 Benefits
Supplemental Accident included

** not available in Texas

Core, Classic and Quantum Plans Underwritten by: Companion Life Insurance Company
Epic Plans Underwritten by: The North River Insurance Company

Plan availability varies by state

What Makes Pivot Health STM Products Unique

- ✓ Array of plan options to fit any clients needs and budget
- ✓ **Extended duration options** - 2x180, 2x364 and 3x364 - no additional underwriting, no new pre-ex, no new waiting periods, benefits (including copays and benefit maximums) and out of pocket maximums start over. Level commissions
- ✓ Preventive and wellness benefits now included on every plan
- ✓ Plans that utilize **national networks**
- ✓ Plans with no network restrictions - **open access**
- ✓ **Simplified underwriting: no rate ups, accept controlled hypertension, controlled diabetes by diet and exercise, no social security number needed (need to live in US continuously for 4 months prior to application date)**
- ✓ **Point Health** - healthcare navigation service and bill negotiation services for Open Access plans
- ✓ Plans developed for niche market segments that can set you apart from the rest: **student athletes, child only policies down to 6 month, Pre-Medicare Market**
- ✓ All plans include Free and Unlimited Telemedicine including dermatology
- ✓ Backed by “A” rated carriers

For Agent use only. Not for distribution.

Products Available through Pivot Health



States	AK	AL	AR	AZ	CA	CO	CT	DC	DE	FL	GA	HI	IA	ID	IL	IN	KY	KS	LA	MA	MD	ME	MI	MN	MO	MS	MT	NC	ND	NE	NH	NJ	NM	NV	NY	OH	OK	OR	PA	RI	SC	SD	TN	TX	UT	VA	VT	WA	WI	WV	WY	
Short-Term Medical (Age 6 mo-64 & 11 mo)																																																				
Classic STM*																																																				
Core STM																																																				
Quantum STM																																																				
Epic STM																																																				
Fixed Benefit Medical (Age 18+)																																																				
Anchor																																																				
Dental/Vision (Age 18+)																																																				
Brilliant Dental™																																																				
Supplemental (Age 18+)																																																				
Latitude																																																				

RE-WRITE RULES: IL

Illinois

State Regulation limits the coverage period of short-term limited duration policies to 180 days or less. There must be a 60 day break in coverage between the original Short-Term Medical policy issued by the same carrier. If the applicant's previous short-term policy is from a carrier that is not Companion Life Insurance Company, then the 60 day break does not apply.

Core Short Term Medical Plans

	CORE 1000	CORE 2000
Deductible	\$1,000	\$2,000
Coinsurance (Percentage you pay)	20%	
Maximum Out-of-Pocket (Includes Coinsurance, Deductible, and Medical Copayments) ¹	\$2,000	\$3,000
Coverage Period Max Benefit	\$750,000	
Prescription Drugs	Discount Only	No Deductible; \$10 Copay for Generics \$30 Copay for Preferred \$75 Copay for Non-Preferred ²
General Practitioner Doctor Office Visit	\$30 copay; max 3 visits combined with General Practitioner Doctor Office visits per coverage period ³	
Urgent Care and Specialty Doctor Office Visit	\$60 copay; max 3 visits combined with Specialist and Urgent Care Facility visits per coverage period ³	
Emergency Room	\$250 Copay after which deductible and coinsurance apply, limited to a \$500 benefit per visit. If the person is directly admitted as an In-patient, copay and benefit limits are waived ⁴	
Outpatient Surgical Facility	Subject to deductible and coinsurance up to \$1,000 maximum per day	
Hospital Room and Board	Subject to deductible and coinsurance up to \$1,000 maximum per day, 90% of private room rate	
Hospital ICU Room and Board	Subject to deductible and coinsurance up to \$1,250 maximum per day, 90% of private room rate	
Surgeon Services	Subject to deductible and coinsurance up to \$2,500 per surgery, up to \$5,000 maximum per coverage period	
Ambulance	Subject to deductible and coinsurance up to \$250 per trip for ground ambulance	
	Subject to deductible and coinsurance up to \$250 per trip for air ambulance	
Home Health Care	Subject to deductible and coinsurance 1 visit per day, up to 40 days per coverage period	
Skilled Nursing Care	Subject to deductible and coinsurance up to \$150 maximum per day, up to 60 days per coverage period	
Preventive Examination	Subject to deductible, not to exceed \$200 per coverage period	

This is intended as a benefit highlight.
See brochure for full details including
exclusions and limitations.

For Agent use only. Not for distribution.

Pivot Health Classic Short Term Medical Plans

CHOICE

- 80/20 or 70/30 Coinsurance
- \$1,000 - \$10,000 Deductibles
- Doctor Copays - \$30 primary / \$60 specialist
- Annual Wellness visit 100% up to \$200
- Rx Discount
- Out of Pocket Max: \$11,000 - \$20,000
- Max Coverage: \$100,000, \$250,000 or \$1,000,000

ECONOMY

- 80/20 or 70/30 Coinsurance
- \$3,000 - \$10,000 Deductibles
- Subject to Deductible and Coinsurance
- Annual Wellness visit 100% up to \$200
- Rx Discount
- Out of Pocket Max: \$13,000 - \$20,000
- Max Coverage: \$100,000, \$500,000 or \$1,000,000

DELUXE

- 80/20 Coinsurance
- \$1,000, - \$5,000 Deductibles
- Doctor Copays - \$30 primary / \$60 specialist
- Annual wellness visit up to \$200
- Rx Coverage: \$10 / \$30 / \$75 - \$1k limit 6mo or less duration / \$2k limit over 6 mo duration
- Out of Pocket Max: \$4,000 - \$8,000
- Max Coverage: \$500,000 or \$1,000,000

STANDARD

- 80/20 Coinsurance
- \$2,000 - \$5,000 Deductibles
- Subject to Deductible and Coinsurance
- Annual wellness benefit up to \$200
- Rx Coverage: \$10 / \$30 / \$75 - \$1k limit 6mo or less duration / \$2k limit over 6 mo duration
- Out of Pocket Max: \$7,000 - \$10,000
- Max Coverage: \$250,000 or \$500,000

This is intended as a benefit highlight. See brochure for full details including exclusions and limitations.

Epic Plans

	Epic PPO	Epic PPO- OON	Epic Base
Network	Cigna	Out-of-Network	All Provider Access

COVERED EXPENSE HIGHLIGHTS

Deductibles	\$5,000, \$8,000, \$10,000	\$6,600, \$10,600, \$13,300	\$5,000, \$10,000, \$15,000, \$20,000
Family Deductible Maximum	2x individual deductible	2x out-of-network individual deductible	2x individual deductible
Coinsurance (Percentage you pay)	0%	25%	0%
Out-of-Pocket Maximum	Satisfied after the deductible is met	No out-of-pocket maximum	Satisfied after the deductible is met
Total Coverage Maximum	\$500,000 or \$1,000,000	\$375,000 or \$750,000	\$500,000 or \$1,000,000

MEDICAL EXPENSE HIGHLIGHTS

Primary Doctor Visit	No charge after deductible is met	Out-of-network deductible and coinsurance apply	No charge after the deductible is met
Specialist Doctor and Urgent Care Visit	No charge after the deductible is met	Out-of-network deductible and coinsurance apply	No charge after the deductible is met
Preventative Examination	3 month wait, 1 primary care visit and services covered at 100% up to \$100 per covered person during coverage period	3 month wait, 1 primary care visit and services covered at 75% up to \$75 per covered person during coverage period	3 month wait, 1 primary care visit and services covered at 100% up to \$100 per covered person during coverage period

This is not a complete list of benefits. Benefits, provisions, limitations, and exclusions may vary by state. Please see your Certificate for a complete list of all benefits, conditions, limitations, and exclusions.

Epic Plans

	Epic PPO	Epic PPO	Epic Base
Emergency Room	\$250 copay then deductible and coinsurance (copay waived if admitted)	\$250 copay then deductible and coinsurance (copay waived if admitted)	\$250 copay then no charge after the deductible is met
Hospital Inpatient	No charge after the deductible is met	Out-of-network deductible and coinsurance apply	No charge after the deductible is met
Outpatient Surgical Facility	No charge after the deductible is met	Out-of-network deductible and coinsurance apply	No charge after the deductible is met
Mental Illness and Substance Use Disorder	No charge after the deductible is met	Out-of-network deductible and coinsurance apply	Not covered
Supplemental Accident (Optional benefit)	\$5,000 or \$10,000 per individual	\$5,000 or \$10,000 per individual	\$5,000 or \$10,000 per individual
Traveling In A Foreign Country (Emergency Treatment)	Out-of-network deductible and coinsurance	Out-of-network deductible and coinsurance	Not covered

PRESCRIPTION DRUG EXPENSE HIGHLIGHTS

Prescription Drugs (Optional benefit)	Generic copay \$5 Preferred copay \$35 Non-preferred copay \$70	Out-of-network coinsurance applies	Generic copay \$5 Preferred copay \$35 Non-preferred copay \$70
Maximum Prescription Drug Benefit	\$1,000 (coverage periods of 6 months or less) or \$2,000 (coverage periods greater than 6 months)	\$1,000 (coverage periods of 6 months or less) or \$2,000 (coverage periods greater than 6 months)	\$1,000 (coverage periods of 6 months or less) or \$2,000 (coverage periods greater than 6 months)

Plan Networks

	Epic PPO	Epic Base
Network	Cigna*	All Provider Access - No Network
Provider Link	https://sarhcpdir.cigna.com/web/public/sarProviders	Freedom to choose any provider
How It Works	Cigna in-network discount	Reference Based Pricing*

This is not a complete list of benefits. Benefits, provisions, limitations, and exclusions may vary by state. Please see your Certificate for a complete list of all benefits, conditions, limitations, and exclusions.

Epic Plans Now Available in PA!

Epic Base Plan Features

- Preventive benefits
- Wellness exam up to \$100
- Child immunizations covered at 100%
- Predictable out-of-pocket exposure
- Free and unlimited Telemedicine benefit
- Prescription Drugs (optional benefit)
- Open Access - no network restrictions
- Point Health - patient advocacy services for healthcare navigation and bill negotiation included



Important Notice: Agent-assisted applications are not permitted in Pennsylvania.

Choose the plan you wish to recommend. Select "Email This Quote" to send your customer a link to complete the application. Spouse will also be required to read and sign as a part of the application process.

[View Details](#)

[Email This Quote](#)

[View Brochure](#)



Underwritten by
The North River
Insurance Company

Marketed by
Pivot Health

Pivot Health Epic Base [?]

Free Telemedicine

- ✓ Child Immunizations Covered ✓ Preventive Care ✓ Patient Advocacy Services [?]

\$96.24/mo [?]

Plus one-time \$19.95 enrollment fee

[View Details](#)

[Add To Compare](#)

Network Options



Open Access / Any Provider

- ✓ **Open Access plans (Classic, Epic Base, Core)** have NO network restrictions. Providers are paid up to 125% of Medicare allowable and Facilities are paid up to 150% of Medicare allowable. The average discount is 69%. Balance bill protection so that the member only pays according to the contract. A qualified balance bill that is due to the discount is sent to IBA to negotiate, any balance Pivot pays.
- ✓ **Point Health Advocacy Services** for healthcare navigation offering on average a 61% savings when utilized and bill negotiation providing on average 44% savings to the member on their out of pocket expenses
- ✓ **No provider access fee** contributes to competitive premiums



National Networks

Cigna Network

- ✓ Access to more than 1 million national providers, 6,360 hospitals in-network, 49.8% average national discount
- ✓ Epic PPO and Quantum Plans utilize the Cigna network

First Health Network

- ✓ Access to more than 695,000 professional medical providers, 5,300 hospitals and 100,000 ancillary facilities.
- ✓ Core plans utilize the First Health Network as a passive PPO.
- ✓ Members have a choice of any provider or the First Health Network

Quantum Plans

	Quantum PPO High Deductible (HD)	Quantum PPO Copay	Out of Network
Deductible^{^*}	\$5,000 or \$10,000	\$2,500, \$5,000, or \$10,000	2 times the plan deductible
Coinsurance	70% or 100% (100% for \$10,000 deductible only)	80% or 100% (100% for \$10,000 deductible only)	60%
Out-of-Pocket Maximum^{**}	\$10,000 per person (includes deductible)	\$10,000 per person (includes deductible)	No maximum
Total Coverage Max	\$500,000 or \$1,000,000	\$500,000 or \$1,000,000	\$250,000
Primary Doctor Visit	Subject to deductible & coinsurance	\$30; max 3 visits for any office appointment per coverage period. ^{***}	Subject to deductible & coinsurance
Specialty Doctor Office Visit and Urgent Care	Subject to deductible & coinsurance	\$60; max 3 visits for any office appointment per coverage period. ^{***}	Subject to deductible & coinsurance
Preventive Health	1 visit per coverage period not to exceed \$250 per coverage period.	1 visit per coverage period not to exceed \$250 per coverage period.	Not covered
Mammography	Subject to deductible & coinsurance	Subject to deductible & coinsurance	Not covered
Routine Annual OB-GYN Exam	Subject to deductible & coinsurance	Subject to deductible & coinsurance	Not covered
Ovarian Cancer Monitoring	Subject to deductible & coinsurance	Subject to deductible & coinsurance	Not covered
Generic Drugs	Discount Only	\$5 copay	Not covered
Preferred Drugs	Discount Only	\$35 copay	Not covered

Quantum Plans

	Quantum PPO High Deductible (HD)	Quantum PPO Copay	Out of Network
Non-Preferred Drugs	Discount only	\$75 copay	Not covered
Emergency Room	\$250 copay, then subject to deductible & coinsurance	\$250 copay, then subject to deductible & coinsurance	\$250 copay, then subject to deductible & coinsurance
Outpatient Surgical Facility	Subject to deductible & coinsurance	Subject to deductible & coinsurance	Subject to deductible & coinsurance
Hospitalization	\$500 copay, then subject to deductible & coinsurance	Subject to deductible & coinsurance	Subject to deductible & coinsurance
Ground Ambulance	Subject to deductible & coinsurance up to \$1,000	Subject to deductible & coinsurance up to \$1,000	Subject to deductible & coinsurance up to \$1,000
Air Ambulance	Subject to deductible & coinsurance up to \$2,500	Subject to deductible & coinsurance up to \$2,500	Subject to deductible & coinsurance up to \$2,500
Home Healthcare	Subject to deductible & coinsurance up to 40 visits	Subject to deductible & coinsurance up to 40 visits	Subject to deductible & coinsurance up to 40 visits
Speech Therapy/Occupational Therapy/Physical Therapy	Subject to deductible & coinsurance then \$50 per day for a max of 20 visits for all therapies (PT/OT/SP)	Subject to deductible & coinsurance then \$50 per day for a max of 20 visits for all therapies (PT/OT/SP)	Subject to deductible & coinsurance then \$50 per day for a max of 20 visits for all therapies (PT/OT/SP)
Mental Disorder	Subject to deductible & coinsurance	Subject to deductible & coinsurance	Not covered
Substance Abuse	Subject to deductible & coinsurance; Inpatient: \$100 per day, per coverage period. 31-days maximum. Outpatient: \$50 per visit, 10 visits maximum	Subject to deductible & coinsurance; Inpatient: \$100 per day, per coverage period. 31-days maximum. Outpatient: \$50 per visit, 10 visits maximum	Not covered
Organ or Tissue Transplant	Subject to deductible & coinsurance	Subject to deductible & coinsurance	Not covered
Prosthetics & Orthotics	Subject to deductible & coinsurance up to \$2,500	Subject to deductible & coinsurance up to \$2,500	Not covered

For a complete summary of benefits and exclusions and limitations see certificate.

Ancillary Products



Brilliant Dental

Renaissance Dental Network with access to 300K + dentists nationally

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% -

Child ortho benefits for the Maximum Plan

VALUE PLAN – 100% Preventive and 80% on Basic ** waiting periods apply to basic services

Add on VSP Vision - \$150 frame or Lens allow



Latitude Gap Plan

Guaranteed Issue

Bundled Accident, Critical Illness, Hospital Indemnity and AD&D

Two plan selections with a **\$2500 benefit or a \$5,000 benefit**

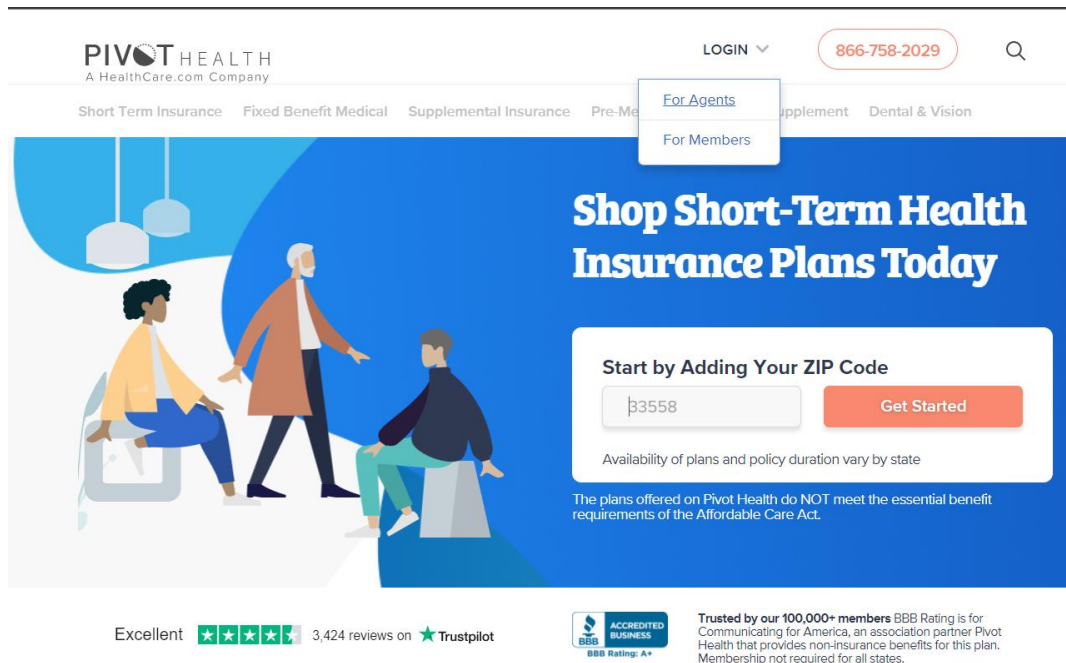
Cash payment paid directly to member

Pays out regardless of other insurance

Up to **75% savings** on prescription drugs



15-40% discounts on eye exams, lenses frames and contacts

Quoting on your Pivot Agent Portal



The screenshot shows the Pivot Health website. The header includes the Pivot Health logo (A HealthCare.com Company), a LOGIN button with a dropdown menu showing 'For Agents' and 'For Members', a phone number (866-758-2029), and a search icon. The navigation bar lists various insurance types: Short Term Insurance, Fixed Benefit Medical, Supplemental Insurance, Pre-Medical, Supplement, and Dental & Vision. The main banner features an illustration of three people in a modern setting and the text 'Shop Short-Term Health Insurance Plans Today'. Below this is a section titled 'Start by Adding Your ZIP Code' with a text input field containing '33558' and a 'Get Started' button. A disclaimer states: 'The plans offered on Pivot Health do NOT meet the essential benefit requirements of the Affordable Care Act.' The footer displays a Trustpilot rating of 'Excellent' with 3,424 reviews, a BBB Accredited Business logo with an A+ rating, and a text block stating: 'Trusted by our 100,000+ members BBB Rating is for Communicating for America, an association partner Pivot Health that provides non-insurance benefits for this plan. Membership not required for all states.'

PIVOT HEALTH
A HealthCare.com Company

LOGIN  866-758-2029 

Short Term Insurance Fixed Benefit Medical Supplemental Insurance Pre-Medical Supplement Dental & Vision

For Agents
For Members



Shop Short-Term Health Insurance Plans Today


Start by Adding Your ZIP Code

Get Started

Availability of plans and policy duration vary by state

The plans offered on Pivot Health do NOT meet the essential benefit requirements of the Affordable Care Act.

Excellent  3,424 reviews on  Trustpilot

 ACCREDITED BUSINESS
BBB Rating: A+

Trusted by our 100,000+ members BBB Rating is for Communicating for America, an association partner Pivot Health that provides non-insurance benefits for this plan. Membership not required for all states.

Pivot Agent Landing Page

[Product Portfolio](#) ▾[Helpful Links](#) ▾[My Book of Business](#)[Get a Quote](#)

Welcome to the Pivot Health Agent Portal

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

News & Info

- ✓ [Short Term Product Positioning](#)
- ✓ [Point Health Consumer Guide](#)

[Start Your Quote Now](#)

Let's Get Started With Your Quote

Your Location

ZIP Code

County

Application Type

Select Your Plan Type

☒ Short-Term Insurance☐ Long-Term Insurance☐ Check here for a child-only application

You

Date of Birth

Gender

☐ Female☐ Male

We'll use your birthday only to to get accurate pricing for our plans.

Your First Name

Email Address (optional)

It'll be friendlier calling you by your name throughout this quote. Plus, it'll help identify who's being covered.

Used to send you a copy of your quotes, and helps us help you more.

Covering Anyone Else?

[+ ADD SPOUSE](#)[+ ADD CHILD](#)

Your Coverage

Desired Start Date



You can apply for up to 3 years in many states, depending on your coverage needs. State-specific regulations may apply. [How Long Can a Short Term Medical Plan Cover Me?](#)

Pivot Health offers an array of coverage durations that allow you to select the best option for your particular life situation.

**180 Days**

Need coverage for up to 180 days? May be great for individuals needing coverage for a shorter period of time.

**364 Days**

If you need health insurance coverage for more than a few months, 364-days of short term health insurance can take you the distance. May be great for individuals seeking a longer-term solution.

Policy duration varies by state availability.

[Find Plans >](#)



Short Term

Fixed Benefit Medical

Dental and Vision

Medicare Supplement

1

2

3

4

5

Test! here are your personalized quotes





We have 116 plans that cover up to days, starting with 3 options we think you'll like. Choose a plan to learn more.

Recommended

3x364 Days

Pivot Health Choice

Underwritten by
 Companion Life | Marketed by
Pivot Health

-  Deductible \$5,000
-  Coinsurance 20%
-  Max Out of Pocket \$15,000
-  Total Policy Coverage \$1,000,000

\$384.22 /month 

Plus one-time \$19.95 enrollment fee





[View Details](#) >

Recommended

3x364 Days

Pivot Health Economy

Underwritten by
 Companion Life | Marketed by
Pivot Health

-  Deductible \$10,000
-  Coinsurance 30%
-  Max Out of Pocket \$20,000
-  Total Policy Coverage \$100,000

\$195.01 /month 

Plus one-time \$19.95 enrollment fee





[View Details](#) >

Recommended

2x364 Days

Pivot Health Epic Base

Underwritten by
 The North River Insurance Company | Marketed by
Pivot Health

-  Deductible \$10,000
-  Coinsurance 0%
-  Max Out of Pocket \$10,000
-  Total Policy Coverage \$1,000,000

\$338.22 /month 

Plus one-time \$19.95 enrollment fee

[View Details](#) >

[Compare Recommended Plans](#)



[⚙️ Show Filters](#)[↺ Reset Filters](#)[✎ Edit Profile](#) Female / 47 years old

Free non-insurance telemedicine included on all Pivot Health short-term medical plans. See plan brochure for details.

[Skip](#)[👁 View Details](#)[📧 Email This Quote](#)[📄 View Brochure](#)Underwritten by
 **Companion Life** | Marketed by
Pivot Health

Pivot Health Choice [?]

Free Telemedicine

- ✓ Child Immunizations Covered
- ✓ Preventive Care
- ✓ Doctor Visit Copay
- ✓ Patient Advocacy Services [?]

\$347.36 /mo [?]

Plus one-time \$19.95 enrollment fee

[View Details](#)[Add To Compare](#)Deductible [?]

\$2,000

Coinsurance [?]

30%

Max Out of Pocket [?]

\$12,000

Total Policy Coverage [?]

\$250,000

Duration [?]

364 days

Enhance Your Coverage

Add more benefits to your plan

[Hide Options ^](#)☐ **Brilliant Dental™ Value + Vision**
100% Preventive[Remove Vision](#) [See Details](#)+ **\$34.87** [?]
per month**Recommended**☐ **Latitude Select**
Value Added Coverage

- ✓ Accident \$2,500
- ✓ Accidental Death \$5,000

[See Details](#)+ **\$29.95**
per month**Recommended**

- ✓ Critical Illness \$2,500
- ✓ Hospital Benefits \$250/day



Underwritten by
The North River
Insurance Company

Marketed by
Pivot Health

[View Details](#)

[Email This Quote](#)

[View Brochure](#)

Pivot Health Epic Base + Brilliant Dental™ Essential + Vision + Latitude Select

\$330.64/mo[?]

Plus one-time \$19.95 enrollment fee

[View Details](#)

[Add To Compare](#)

RX Included

Free Telemedicine

- ✓ Child Immunizations Covered
- ✓ Preventive Care
- ✓ Prescription Drugs Copay
- ✓ Contraceptive Coverage
- ✓ Patient Advocacy Services[?]

Deductible[?]

\$20,000

Coinsurance[?]

0%

Max Out of Pocket[?]

\$20,000

Total Policy Coverage[?]

\$500,000

Duration[?]

364 days

Enhance Your Coverage

Add more benefits to your plan

[Hide Options](#) ^

☐ **Brilliant Dental™ Value + Vision**
100% Preventive

[Remove Vision](#) [See Details](#)

+ \$34.87[?]
per month

Recommended

☒ **Brilliant Dental™ Essential + Vision**
No Waiting Periods

[Remove Vision](#) [See Details](#)

+ \$39.68[?]
per month

☐ **Brilliant Dental™ Maximum + Vision**
Higher Maximum Benefits

+ \$62.22[?]
per month

☒ **Latitude Select**
Value Added Coverage

- ✓ Accident \$2,500
- ✓ Accidental Death \$5,000

[See Details](#)

+ \$29.95[?]
per month

Recommended

- ✓ Critical Illness \$2,500
- ✓ Hospital Benefits \$250/day

☐ **Latitude Preferred**
Value Added Coverage

- ✓ Accident \$5,000
- ✓ Accidental Death \$5,000

+ \$49.95[?]
per month

- ✓ Critical Illness \$5,000
- ✓ Hospital Benefits \$500/day

Pivot Health Epic Base Rx ⓘ

Includes Free Telemedicine

\$261.01/month ⓘ

Plus one-time \$19.95 enrollment fee

Deductible ⓘ

\$20,000

Coinurance ⓘ

0%

Max Out of Pocket ⓘ

\$20,000

Total Policy Coverage ⓘ

\$500,000

Supplemental Accident Rider

[Remove](#) 🗑️

☐

Add **\$5,000** benefit for an extra
\$12.27/month

☐

Add **\$10,000** benefit for an extra
\$20.86/month

[Learn more about this coverage](#) ▼



Brilliant Dental™ Essential + Vision

\$39.68*/mo

No Waiting Periods

*Includes \$35.93 of premium, a \$2.75 monthly administrative fee and \$1.00 for monthly association dues.

[See What's Covered](#)

Recommended



Latitude Select \$29.95 */mo

Accident **\$2,500**

Critical Illness **\$2,500**

Accidental Death **\$5,000**

Hospital Benefits **\$250/day**

*Includes \$12.35 for supplemental insurance and \$17.60 for membership, non-insurance benefits and commission.

[See More Details](#)

Get up to 2 policies in 5 minutes
with 1 application.

+ Get coverage for 2 years.

[Continue to Checkout](#)

Pivot Health Epic **\$261.01/mo** ⓘ Base

Plan Starts Feb 7, 2023

Coverage Duration 364 Days

End Date Feb 5, 2024

[Edit](#) ✎

Brilliant Dental™ Essential + Vision

\$39.68/mo ⓘ 🗑️

Plan Starts Feb 7, 2023

Coverage Duration Until
Cancellation

Latitude Select

\$29.95/mo ⓘ 🗑️

Plan Starts Feb 7, 2023

Coverage Duration Until
Cancellation

Applicants Female, 54 years old

Total **\$330.64/mo**
Plus one-time \$19.95 enrollment fee

[Email This Quote](#)

ⓘ Remember, coverage can be
canceled anytime.

Simplified Underwriting



Question 4 of 6

Within the last 5 years has any applicant had a diagnosis, symptoms, an abnormal test result or received treatment, medication or consultation by a member of the medical profession for:

- cancer, Hodgkin's or Non-Hodgkin's lymphoma or malignant melanoma (excluding basal cell);
- atrial fibrillation, abnormal heart rhythm, a heart disorder, angina, heart attack or congestive heart failure;
- stroke;
- transient ischemic attacks (TIAs);
- uncontrolled hypertension;
- blood pressure greater than (160/95);
- Type 1 diabetes or diabetes requiring insulin or oral medications;
- Crohn's disease or ulcerative colitis;
- hepatitis C or liver or kidney disorders (excluding kidney stones);
- organ or bone marrow transplants;
- chronic obstructive pulmonary disease (COPD) or emphysema;
- inflammatory arthritis;
- Systemic Lupus Erythematosus (SLE) or degenerative spine or hip disorders;
- hemophilia, leukemia;
- muscular dystrophy or multiple sclerosis;
- Lou Gehrig disease (ALS);
- alcohol or drug abuse or misuse;
- bipolar, schizophrenia;
- or eating disorders?

No

Yes

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 Information

First Name

Test

Last Name

Last Name

Phone Number

(000) 000-0000

Email Address

email@address.com

Street Address

Lutz, FL 33549 ([Change location](#))

2. Billing Information



Secure credit card payment

This is a secure 128-bit SSL encrypted payment.

Card Number

**** * * * *

* Accepted Credit Cards



Expiration Date

MM/YY

MM/YY

Security Code

* 3 digits on back of card

Name

Name

* As it appears on your card

Your full payment info is stored in Authorize.net's secure servers. Pivot Health does not store your payment information.

☐ Check if billing address is different from contact address

Applicant

Location

33549 Lutz, FL

Members ▼

Pivot Health Epic Base

Monthly Cost ⓘ

\$261.01

Plan Details ▼

+ Get coverage for 2 years.

Coverage Period

(Edit)

Plan Starts

Feb 7, 2023

Period

364 Days

End Date

Feb 5, 2024

Monthly Cost

\$39.68

Plan Start

Feb 7, 2023

End Date

Until Cancellation

*Includes \$35.93 of premium, a \$2.75 monthly administrative fee and \$1.00 for monthly association dues.

Latitude Select

Monthly Cost

\$29.95

Plan Start

Feb 7, 2023

End Date

Until Cancellation

Summary

Pivot Health Epic Base

\$261.01

Brilliant Dental™ Essential + Vision

\$39.68

Latitude Select

\$29.95

One-Time Enrollment Fee

\$19.95

TOTAL

\$350.59

4. Confirm Enrollment Details

You are purchasing short term medical coverage, which by federal regulation is limited to a maximum of 364-days per policy, depending on state regulations.

THIS PLAN PROVIDES LIMITED BENEFIT COVERAGE. IT IS NOT DESIGNED TO COVER ALL MEDICAL EXPENSES AND IT IS NOT A MAJOR MEDICAL OR COMPREHENSIVE HEALTH CARE POLICY. PLEASE READ YOUR CERTIFICATE CAREFULLY!

Remember, you have a 10-day free look period which allows you to get a full refund.

☐ 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 understand I am responsible for keeping The North River Insurance Company's Administrator current on my email address.

☐ If this Application is completed electronically, I/we agree that my/our electronic signature serves as my/our original signature. If this Application is not completed electronically, I/we agree I/we are providing verbal consent to certify my/our Application in lieu of a signature.

Your Electronic Signature

Applicant Signature

[* CLICK TO SIGN *](#)

Date Signed

11/02/2022

[Start Your Coverage](#)



Unlimited Bonus Opportunity!

Spring into an unlimited bonus this season. There is no better time to grow your sales. Offer your clients reliable health insurance solutions while boosting your business with Pivot Health.

Beginning **May 1, 2023 through June 30, 2023**, you can earn a **Blooming Bonus** on all Pivot Health proprietary products. What does this mean? **More \$ in your pocket.**



Introducing the 2nd Annual 2023 Pivot Health Top Producer Trip

*Enjoy a luxurious stay at:
[The Gaylord Opryland Resort](#)
Sept. 7th - 10th, 2023*

How to Qualify

All Pivot Health products have a point value (in the chart below). **Every sale you make between Sept. 1, 2022 and May 31, 2023 earns you points towards the ultimate goal of an awards trip to Nashville!**

Yes, there's still time to qualify! The Top Producer contest is currently underway, so don't delay! Eligibility for the 2023 Top Producer Trip is 500 points.



Anchor Medical	10 Points
Short-Term Medical 12+ Months *	10 Points
Short-Term Medical 6-12 Months *	6 Points
Short-Term Medical 3-5 Months *	4 Points
Latitude Supplemental	2 Points
Dental	2 Points

*Includes Epic, Quantum, Core, Economy, Choice, Standard, Deluxe

Questions

Letty Perez- Broker Account Executive

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(813) 771-9330

