

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%.

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*3 month waiting period for wellness visit. Plan Differences

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Prescription Drugs	Discount Plan / Cerpas Rx	Discount Plan / Cerpas Rx	Discount Plan / Cerpas 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.pivotohealth.com/agents/short_term/PH_EpicBase092223.pdf	https://cdn.pivotohealth.com/agents/short_term/PHSTM-102822.pdf	https://cdn.pivotohealth.com/agents/short_term/PH_SureCare030624.pdf

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