

Bridge to Medicare

A new health insurance solution for the pre-Medicare individuals



Short term medical insurance and limited benefit health insurance are underwritten by Companion Life Insurance Company. Non-insurance association membership benefits are provided by Communicating for America, LLC.

This is not Medicare or Medicare supplement coverage. THIS IS NOT QUALIFYING HEALTH COVERAGE (“MINIMUM ESSENTIAL COVERAGE”) THAT SATISFIES THE HEALTH COVERAGE REQUIREMENT OF THE AFFORDABLE CARE ACT.

See page 8 for full disclosures.

What is Bridge to Medicare?

Bridge to Medicare is a budget-conscious insurance solution for baby boomers seeking a smart alternative to more comprehensive, more expensive health insurance. Bridge to Medicare combines health insurance coverage for larger expenses with fixed first dollar benefits to supplement many routine types of medical expenses. Plans also include prescription drug benefits and additional non-insurance medical services like telemedicine, reduced-cost vision exams and eyeglasses, hearing benefits and emergency helicopter services.

How does the Bridge to Medicare Plan work?

Our solutions have Plan 1 and Plan 2 which are used in combination to provide good coverage at a much lower cost than what an Obamacare plan costs.

Plan 1:

Coverage is for unexpected large medical expenses up to \$250,000 or \$500,000 each year. Here's how the plan works

- You are responsible for paying your deductible amount first, and then 20% or 30% of your medical bills up to a \$10,000 coinsurance limit. After you hit the \$10,000 limit, the plan will pay 100% of your covered expenses up to the 364 days maximum you have chosen for the policy
- Your out-of-pocket expenses are capped, up to a maximum covered amount each year
- Every 364 days a new policy begins – until age 65

Plan 2:

Helps supplement the out-of-pocket cost of your medical expenses, giving you fixed, direct payments for when you have routine medical services like:

- Doctor office visits
- Preventive care
- Testing
- Outpatient surgery
- Short hospital stays and more!

Extra Non-Insurance Benefits

- Telemedicine reimbursement for that includes low-cost doctor consultations
- Eyewear and hearing aid discounts
- Emergency helicopter evacuation

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How Long Can I Keep Bridge to Medicare?

Beginning at age 62, eligible individuals can purchase up to three consecutive Bridge to Medicare plans that will cover you until you are eligible for Medicare, or to age 65. Each plan year new coverage periods would go into effect, starting with new deductibles, coinsurance and out of pocket maximums, similar to other medical health plans. Coverage can be canceled at any time.

Advantages of Bridge to Medicare

- Open network – see any doctor or hospital
- Savings of 50% or more on health insurance costs every month compared to an Obamacare plan
- Cash reimbursement for doctor office visits and preventive care
- Benefits targeted to your needs. Benefits like maternity coverage not included

Candidates For Bridge to Medicare

Pivot Health's Bridge to Medicare plan is for individuals and couples age 62-64+ who are looking for a less expensive health insurance option before they are eligible for Medicare, or at age 65. This plan is also a great solution for:

- Individuals who have left their employer health plan and want a less expensive solution than COBRA
- Those who believe they cannot afford an ACA plan
- Those who are in good health and don't have ongoing medical expenses
- Those seeking a temporary health plan as a result of a non-permanent need

This plan is not for individuals who could qualify for an Obamacare premium tax subsidy or have \$10,000 a year or more in routine, ongoing out-of-pocket medical expenses. If a health care provider has informed you that you could have significant medical expenses in the future, it is best to enroll in a plan on the federal or state health insurance exchanges.

Bridge to Medicare Plan Details

SHORT TERM MEDICAL BENEFITS

Temporary health insurance that covers traditional medical services for up to three years until individuals are eligible for a Medicare plan. **Benefits based on each 364-day coverage duration, for covered expenses.**

	BASIC	ENHANCED	PREFERRED
Deductible †	\$10,000	\$7,500	\$5,000
Coinsurance (Plan Pays)	70%	70%	80%
Out-of-Pocket Coinsurance Maximum	\$10,000	\$10,000	\$10,000
Coverage Period Maximum	\$250,000	\$500,000	\$500,000
Prescription Deductible	\$500	\$500	\$0
Prescription Benefit	After \$500 Rx deductible, generic copay \$10, preferred \$50, non-preferred brand \$75. No specialty drugs.	After \$500 Rx deductible, generic copay \$10, preferred \$50, non-preferred brand \$75. No specialty drugs.	Generic copay \$10. After \$500 Rx deductible (does not apply to generics), preferred \$50, non-preferred brand \$75. No specialty drugs.
Outpatient Surgical Facility Deductible	\$500	\$500	\$500
Inpatient Deductible	\$750	\$750	\$750
Ground Ambulance	<-- Up to \$1,500 -->		
Air Ambulance	<-- Up to \$2500 -->		
Home Health Care	<-- Up to 40 days -->		
Hospice	<-- Up to \$2000 -->		
Skilled Nursing Facility	< -- Up to \$150 per day for a maximum of 60 days -->		
Mental Illness	< -- Outpatient: \$50 per visit; 10 visit max; inpatient: \$100 per day, 31 day max -->		
Physical Therapy	< -- \$50 per visit; 20 visit max -->		

† Family out-of-pocket deductible limit is three.

Emergency Room Deductible: An additional deductible is payable if not admitted to the hospital, in addition to the standard deductible and coinsurance. Outpatient Surgical Facility Deductible: an additional deductible applied to the facility bill.

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Bridge to Medicare Plan Details

LIMITED BENEFIT HEALTH INSURANCE			
<i>Fixed, first-dollar benefits that pay cash for everyday medical expenses. Benefits are per day, per plan year</i>			
OFFICE VISITS	BASIC	ENHANCED	PREFERRED
Doctor Office Visits	\$50 for 5 days	\$75 for 5 days	\$85 for 6 days
Preventive Care	\$100 for 1 day	\$100 for 1 day	\$150 for 1 day
Physical Therapy	NA	\$75 for 5 days	\$85 for 6 days
Chiropractor	NA	\$75 for 5 days	\$85 for 6 days
DIAGNOSTIC			
Outpatient Diagnostics	\$50 for 3 days	\$75 for 3 days	\$85 for 3 days
Advanced Diagnostics (MRI, CT, etc.)	\$250 for 1 day	\$250 for 1 day	\$500 for 1 day
SURGICAL BENEFITS			
Inpatient Surgery	N/A	\$250 for 1 day	\$250 for 1 day
Inpatient Anesthesia	N/A	\$62.50 for 1 day	\$62.50 for 1 day
Outpatient Surgery	N/A	\$250 for 1 day	\$250 for 1 day
Outpatient Anesthesia	N/A	\$62.50 for 1 day	\$62.50 for 1 day
Outpatient Surgery Facility	N/A	\$250 for 1 day	\$250 for 1 day
Outpatient Minor Surgery	\$75 for 1 day	\$75 for 1 day	\$75 for 1 day
EMERGENCY ROOM & AMBULANCE			
Emergency Room	\$150 for 1 day	\$150 for 1 day	\$200 for 1 day
Ground-Air-Water Ambulance	NA	\$300 for 1 day	\$300 for 1 day
INPATIENT HOSPITAL BENEFITS			
First Night Hospital Stay	\$250 for 1 day	\$250 for 1 day	\$250 for 1 day
Hospital Stay, Days 2-30*	\$100 for 30 days	\$250 for 30 days	\$500 for 30 days
ICU*	\$200 for 30 days	\$500 for 30 days	\$1000 for 30 days

* Hospital confinement and Intensive Care Unit confinement are not paid concurrently.

A prescription drug discount card is included with each plan but is not an insured benefit. Mental or nervous disorders confinement, substance abuse confinement, maternity and skilled nursing facility confinement are not eligible. Complications from pregnancy are covered. Benefits and exclusions vary by state. Policy form #LBHP 3250 DE.

NON-INSURANCE BENEFITS			
<i>Extra benefits to help you save money on additional services not typically covered by insurance</i>			
Rx Discount	YES	YES	YES
Telemedicine Reimbursement	YES	YES	YES
Hearing Discount	YES	YES	YES
Vision Discount	YES	YES	YES
Helicopter Emergency Service Reimbursement	YES	YES	YES

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Short Term Medical Insurance

For the first 364-day policy, pre-existing conditions diagnosed within the sixty-month period immediately preceding such covered person's effective date are excluded for the first 12 months of coverage. (This exclusion does not apply to a newborn or newly adopted child who is added to coverage under this certificate.) For policies two and three, refer to the policy for the pre-existing condition exclusion.

Pre-certification required for Inpatient care/surgery/ outpatient IV infusion and radiation.

Waiting Period: Covered Persons will be covered immediately for injuries as of the Covered Person's Effective Date of coverage. Otherwise, coverage for Sicknesses begins 5 days after the Covered Person's Effective Date. Covered Persons receive benefits for Cancer that begins at least 30 days after the Covered Person's Effective Date.

Vitamins, and supplements including pre-natal vitamins, or any over-the-counter medicines, whether ordered by a doctor or not.

For dependents, routine pre-natal care, pregnancy, childbirth, and post-natal care. (This exclusion does not apply to "Complications of Pregnancy").

Weight modification or surgical treatment of obesity.

Injuries resulting from participation in any form of skydiving, scuba diving, auto racing, bungee jumping, hang or ultra light gliding, parasailing, sail planing, flying in an aircraft (other than as a passenger on a commercial airline), rodeo contests or as a result of participating in any professional, semi-professional or other non-recreational sports including boating, motorcycling, skiing, riding all-terrain vehicles or dirt bikes, snowmobiling or go-carting.

Modifications of the physical body in order to improve the psychological, mental or emotional wellbeing, such as sex-change surgery.

Surgeries, treatments, services or supplies for cosmetic or aesthetic reasons, except for that reconstructive surgery which is expressly covered under this certificate.

Any drug, treatment or procedure including but not limited to: artificial insemination, treatment for infertility or impotency, sterilization or reversal of sterilization.

Any drug, treatment or procedure that either promotes, enhances or corrects impotency or sexual dysfunction.

Abortions, except in connection with covered complications of Pregnancy or if the life of the expectant mother would be at risk.

Dental treatment, except for dental treatment that is expressly covered under this certificate.

Eye surgery when the primary purpose is to correct nearsightedness, farsightedness or astigmatism.

Treatment for cataracts.

Injury resulting from being under the influence of or due wholly or partly to the effects of alcohol or drugs, other than drugs taken in accordance with treatment prescribed by a doctor

Willfully self-inflicted injury or sickness.

Venereal disease, including all sexually transmitted diseases and conditions.

Immunizations and routine physical exams.

Care, treatment or supplies for the feet

Care and treatment for hair loss

Treatment of sleep disorders.

Organ or tissue transplants or related services.

Treatment for acne, moles, skin tags and other specific conditions of the skin and skin diseases.

Services received or supplies purchased outside the United States, its territories or possessions, or Canada.

Treatment for or related to any congenital condition, except as it relates to a newborn or adopted child added as a covered person to this certificate.

Chiropractic adjustments.

Expenses during the first 6 months after the effective date of coverage for a covered person for the following (subject to all other coverage provisions, including but not limited to the pre-existing condition exclusion):

- *Total or partial hysterectomy, unless it is medically necessary due to a diagnosis of carcinoma;*
- *Tonsillectomy;*
- *Adenoidectomy;*
- *Myringotomy;*
- *Tympanotomy;*
- *Repair of deviated nasal septum or any type of surgery involving the sinus;*
- *Herniorraphy;*
- *Cholecystectomy.*

Limited Benefit Health Insurance

No benefits will be payable for expenses incurred as a result of a Pre-Existing Condition until the earlier of: (a) the end of a continuous period of 12 months commencing on or after the Covered Person's effective date of coverage under the Policy during all of which the Covered Person has received no medical advice or treatment in connection with such Pre-Existing Condition; or (b) coverage has been in effect under the Policy for 12 consecutive months.

Other Limitations and Exclusions

- (a) suicide or any attempted threat, while sane;
- (b) any intentionally self-inflicted injury or Sickness;
- (c) rest care or rehabilitative care and treatment;
- (d) cosmetic surgery or care or treatment solely for cosmetic purposes, or complications therefrom. This exclusion does not apply to cosmetic surgery resulting from a covered Accident if initial treatment of the Covered Person is begun within 12 months of the date of the Accident;
- (e) immunization shots and routine examinations such as: health exams; periodic checkups; pre-marital exams; and routine physicals;
- (f) routine newborn care, including routine nursery charges;
- (g) voluntary abortion, except with respect to the Insured or covered Dependent spouse: (1) where such person's life would be endangered if the fetus were carried to term; or (2) where medical complications have arisen from an abortion;
- (h) normal pregnancy, except for Complications of Pregnancy;
- (i) the treatment of: (1) mental illness; (2) functional or organic nervous disorder, regardless of cause; (3) alcohol abuse; (4) drug use, unless such drugs were taken on the advice of a Physician and taken as prescribed for more than 10 days in any Benefit Year, with respect to payment of the Daily In-Hospital Indemnity Benefit;
- (j) participation in a riot, civil commotion, civil disobedience, or unlawful assembly. This does not include a loss which occurs while acting in a lawful manner within the scope of authority;
- (k) committing, attempting to commit, or taking part in a felony or assault, or engaging in an illegal occupation;
- (l) participation in a contest of speed in power driven vehicles, parachuting, parasailing, bungee-jumping, or hang gliding;
- (m) air travel, except: (1) as a fare-paying passenger on a commercial airline on a regularly scheduled route; or (2) as a passenger for transportation only and not as a pilot or crew member;
- (n) any Accident occurring as a result of the Covered Person being intoxicated (where the blood alcohol content meets the legal presumption of intoxication under the law of the state where the Accident took place);
- (o) sex changes;
- (p) experimental treatments or surgery;
- (q) the reversal of tubal ligation and vasectomies;
- (r) artificial insemination, in vitro fertilization, and test tube fertilization, including any related testing, medications, or Physician's services, unless required by law;
- (s) treatment of exogenous obesity or weight control;
- (t) an act of war, whether declared or undeclared, or while performing police duty as a member of any military or naval organization. This exclusion includes Accident sustained or Sickness contracted while in the service of any military, naval or air force of any country engaged in war.
- (u) accident or sickness arising out of and in the course of any occupation for compensation, wage or profit. Expenses which are payable under Occupational Disease Law or similar law, whether or not application for such benefits have been made;
- (w) air or ground ambulance service;
- (x) for loss incurred, care of treatment received, or hospital confinement occurring outside of the United States or its possessions (except in the case of an emergency)
- (y) Dentistry or oral surgery except: (1) Excision of impacted third molars; or (2) Closed or open reduction of fractures or dislocation of the jaw.

In addition to the Exclusions and Limitations for all coverages, the following are not covered under the Out-Patient Physician Office Visit Indemnity Benefit and the Outpatient Diagnostic X-Ray and Laboratory Indemnity Benefit: (a) visits made, examinations given, or x-rays or laboratory tests performed as an in-patient while Confined to a Hospital; (b) routine eye examinations or fitting of glasses; (c) fitting of hearing aids; (d) dental examinations or dental care other than expenses resulting from accidental injury; and (e) benefits which are provided under any other part of this Policy.

Free Look Period

If you are not 100% satisfied with your Companion Life insurance plan, provide a written request for cancellation to Companion Life within 10 days of receipt. Certificate of coverage will be cancelled as of the effective date and your premium will be returned.

Eligibility

Bridge to Medicare is made available to members of Communicating for America and their spouses who are between 62 and 64 years and 11 months of age, and their dependent spouses and children where all can answer “No” to all the questions in the application for insurance.

Termination of Coverage

Companion Life insurance will automatically terminate on the earliest of the following dates: The expiration date of your coverage; the date the group policy terminates; the date the insurance under the group policy is discontinued; the due date of a premium payment, if it is not paid by the end of the 31 day grace period; Covered Person’s dependent’s coverage ends when Covered Person’s coverage terminates or the dependent ceases to be eligible; or the date we determine fraudulent statements or material misrepresentation have been made by the

Covered Person or with Covered Person’s knowledge in filing a claim for benefits.

Benefits

Benefits are limited to 125% Professional/150% Facility of the prevailing Medicare rate of reimbursement for Short Term Insurance. Benefits under the Limited Benefit Plan are payable to the stated amount on the Schedule of Benefits.

About Companion Life Insurance Co.

Companion Life Insurance Company of Columbia, S.C., has specialized in insurance benefits for more than 40 years.

About Communicating for America

Individuals who purchase a Companion Life insurance policy in specific states become members of Communicating for America, Inc. (CA), a non-profit, 501(c)(5) association that promotes the betterment of general health and welfare for all Americans, particularly those who are self-employed in rural areas or own a small business. CA member benefits are administered by CA and are not affiliated with Companion Life Insurance Company.

Short Term Medical Disclosure

This coverage is not required to comply with certain federal market requirements for health insurance, principally those contained in the Affordable Care Act. Be sure to check your Policy/Certificate carefully to make sure you are aware of any exclusions or limitations regarding coverage of preexisting conditions or health benefits (such as hospitalization, emergency services, maternity care, preventive care, prescription drugs, and mental health and substance use disorder services). Your Policy/Certificate might also have lifetime and/or annual dollar limits on health benefits. If this coverage expires or you lose eligibility for this coverage, you might have to wait until an open enrollment period to get other health insurance coverage. Also, this coverage is not “minimum essential coverage.” If you don’t have minimum essential coverage for any month in 2018, you may have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

This plan has a pre-existing limitation provision that may prevent coverage from applying to medical conditions that existed prior to this plan effective date.

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