



# THE BRIDGE TO MEDICARE PLAN

*A health insurance solution for pre-Medicare Individuals*

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# THE MARKET

- 77 million baby boomers (54-72) living in the US-that's 28% of the population
  - 12 million of these are between age 61.5 to 64.5
- 10,000 people are turning 65 every day and this will continue into 2030
- 45% of baby boomers consider themselves to be entrepreneurs
- About 50% have incomes that make them ineligible for ACA Subsidies
- 12% of Pivot Health's current customers are 60 plus\*

<http://www.bbhq.com/bomrstat.htm>

<https://www.fool.com/retirement/2017/07/29/9-baby-boomer-statistics-that-blow-you-away.aspx>

\* Based on 2018 sales data

# THE PROBLEM

- For those not subsidy eligible, ACA plans are unaffordable and unworkable
- The Life Time Value (LTV) of a sale for those on an ACA plan is very low
- ACA persistency is low and customers are forced to shop every year
- ACA carrier options have diminished
- Lead aggregators have trouble monetizing 61-64 market

# THE SOLUTION

## **What if you could offer a unique choice that:**

- Improves coverage
- Is 4-5X the Life Time Value (LTV)
- Offers first dollar benefits
- Allows transition to Medicare with lower acquisition cost
- Takes less than 15 minutes to complete an enrollment

## **Introducing...**

## **The Bridge To Medicare Plan**

- a proprietary product of Pivot Health + HealthCare.com

# EXAMPLE OF LIFE TIME VALUE

Carrier / F62	Monthly Premium	Average Agent Comp	3 YR LIFETIME VALUE
ACA	\$800	3%	\$864
PIVOT BTM	\$575		
PIVOT BTM - STM	\$450	15%	\$2,430
PIVOT BTM – LMB	\$125	25%	\$1,125
<b>PIVOT BTM TOTAL LTV</b>			<b>\$3,555</b>

GENERIC EXAMPLE USING AVERAGE AGENT STREET COMP AND AVERAGE PREMIUM



# RATE COMPARISON

State	Demographic	Carrier Plan	Monthly Premium
Cincinnati, OH	Male, age 63	BCBS \$5K Bronze HMO	\$820.00
45255		BCBS \$5K Silver HMO	\$1,067.23
		MMO \$5,200 HMO/HAS	\$833.83
		<b>PIVOT BTM \$5K PLAN 3</b>	<b>\$580.52</b>
Tampa, FL	Female, age 63	Molina \$6,400	\$906.98
33601		Ambetter \$7,350	\$1,097.00
		<b>PIVOT BTM \$5K PLAN 3</b>	<b>\$684.00</b>
Harrisburg, PA	Husband & Wife		
17101	Age 62, Age 62	Highmark \$7,900	\$1,919.04
		<b>PIVOT BTM \$5K PLAN 3</b>	<b>\$1,244.89</b>

# THE BRIDGE TO MEDICARE PLAN

- Age 62-65 eligible
- Three 364 day policies issued at one time with no additional underwriting, no new pre-ex look back or waiting periods for the 2<sup>nd</sup> and 3<sup>rd</sup> plan years
- Bridge to Medicare combines comprehensive health coverage with fixed first dollar benefits that supplements everyday medical expenses like:
  - Doctor office visits
  - Preventive care
  - Testing
  - Outpatient Surgery
  - Hospital Stays
- Discounts on medical lifestyle needs

# HOW DOES THE PLAN WORK

Three 364 day policies are issued at time of enrollment

- Each new coverage period, new certificates and ID cards are issued
- New deductibles, out of pocket maximums and coverage maximums start over
- No new medical qualifying questions, No new look back or waiting periods
- One-time enrollment fee
- Cancel at anytime



# HOW DO BENEFITS WORK?

Coverage A: Short Term Medical plan for unexpected, large medical expenses

- Covered expenses go toward the deductible and coinsurance
- Individuals are responsible for deductible and coinsurance up to the out-of-pocket maximum

Coverage B: Fixed dollar limited benefit plan to help supplement medical expenses

- Doctor Office visits
- Preventive Care
- Testing
- Outpatient surgery

**...Combines two insurance coverages into ONE package!**

# THE BRIDGE TO MEDICARE PLAN STATE AVAILABILITY

<b>ALABAMA</b>	<b>KENTUCKY</b>
<b>ARKANSAS</b>	<b>OHIO</b>
<b>FLORIDA</b>	<b>PENNSYLVANIA</b>
<b>GEORGIA</b>	<b>VIRGINIA</b>

# THE BRIDGE TO MEDICARE PLAN DETAILS

## Bridge to Medicare Plan Details

### SHORT TERM MEDICAL BENEFITS

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

	PLAN 1	PLAN 2	PLAN 3
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 deductibles per family, per coverage period. Emergency Room Deductible: An additional deductible of \$250 per visit 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.

# THE BRIDGE TO MEDICARE PLAN DETAILS CONT.

## 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	PLAN 1	PLAN 2	PLAN 3
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. 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.

*This is not Medicare or Medicare supplement coverage.*

# NO NETWORK RESTRICTIONS

- **No Network Restrictions – Freedom of Choice.** Pivot pays Medicare Plus - up to 150% of Medicare allowable for facilities and up to 125% of Medicare allowable for physicians/professional services.
- **Provider submits their claims to Allied.** Bills are repriced according to the percentages of Medicare allowed amounts, based on the Medicare fee schedule. Payment is made to the provider based on this amount and the reduction is shown as a discount by the provider.
- If a provider wishes to review and discuss the allowed amount or initially objects to the reimbursement amount, the provider can contact the Benefit Verification line at **866-323-2985**.
- **“NO BALANCE BILL”** guaranty to the insured.

# ADDED ASSOCIATION BENEFITS

- Telemedicine – Doctor on Demand
  - \$49 fee reimbursed
- Discount Prescription drugs
  - Up to 70% savings on RX
- Discount Vision & Audiology





# PIVOT HEALTH'S STM – THE PROCESS

## Quoting:

- Bridge To Medicare available in Product drop down

## Applying:

- Simplified underwriting – 5 medical questions
- Applicant – age 62 – 64 years & 11 months
  - Coverage can include spouse (up to age 65 yrs) and Child(ren)
- Accept/reject on the spot
- eSignature for self-service
- Coverage effective date as soon as next day up to 60 days in advance
- 10 day free look
- Waiting periods do apply – 5 day wait for sickness & prescription drug fulfillment, 30 day wait for cancer

# THE BRIDGE TO MEDICARE PLAN

## Quote Page

Quote page includes short term medical benefits and highlights of limited benefit health insurance benefits.




The screenshot displays the PIVOT HEALTH Quote Page. At the top, the PIVOT HEALTH logo is on the left, and navigation tabs for DEMOGRAPHICS, QUOTES, ELIGIBILITY, APPLICANT INFO, and BILLING & PAYMENT are on the right. The main content area features three side-by-side plan cards for Companion Life's Bridge to Medicare plans. Each card includes the plan name, monthly premium, a note about a one-time \$35 enrollment fee, a 'Buy now' button, and a 'Details' link. Below the details link, each card lists key benefits: Deductible, Coinsurance, Max Out-of-pocket, Maximum Coverage, Physician Office Visit Benefit, and Hospital Benefit. Plan 1 has a \$447.46/month premium and a \$10,000 deductible. Plan 2 has a \$588.38/month premium and a \$7,500 deductible. Plan 3 has a \$684.90/month premium and a \$5,000 deductible.

Plan Name	Monthly Premium	Deductible	Coinsurance	Max Out-of-pocket	Maximum Coverage	Physician Office Visit Benefit	Hospital Benefit
Bridge to Medicare Plan 1	\$447.46*/mo	\$10,000	30%	\$10,000	\$250,000	Benefit Payable per Day: \$50 Maximum Number of Days per Plan Year: 5 days	Benefit Payable per Day: \$100
Bridge to Medicare Plan 2	\$588.38*/mo	\$7,500	30%	\$10,000	\$500,000	Benefit Payable per Day: \$75 Maximum Number of Days per Plan Year: 5 days	Benefit Payable per Day: \$250
Bridge to Medicare Plan 3	\$684.90*/mo	\$5,000	20%	\$10,000	\$500,000	Benefit Payable per Day: \$85 Maximum Number of Days per Plan Year: 6 days	Benefit Payable per Day: \$500

# THE BRIDGE TO MEDICARE PLAN

DEMOGRAPHICS | QUOTES | ELIGIBILITY | APPLICANT INFO | BILLING & PAYMENT

Please answer the following questions for you and any of your dependents applying for coverage.

<p>This coverage includes</p> <ul style="list-style-type: none"><li>• Doctor office visit</li><li>• Preventive care</li><li>• Prescription drug coverage</li><li>• Labs</li><li>• Hospital stays</li><li>• Surgery, and more!</li></ul> <p>Companion Life Insurance Company is rated A+ (Excellent) by A.M. Best Company, Inc.*</p> <p><b>Pivot Health is backed by HealthCare.com</b></p>	<table><tr><th>PLAN</th><th>FEATURES</th><th>APPLICANT</th><th>EFFECTIVE DATE</th></tr><tr><td> <b>Bridge to Medicare Plan 1</b> <b>\$439.46*</b>/mo *Plus one-time \$35 enrollment fee <a href="#">Start Online Application</a> <a href="#">Details</a></td><td>Deductible <b>\$10,000</b> ? Coinsurance <b>30%</b> ? Max Out-of-pocket <b>\$10,000</b> ? Maximum Coverage <b>\$250,000</b> ?</td><td><b>Female, 62</b></td><td>First Policy Effective Date <b>12   31   2018</b> First Policy Expiration Date <b>12   29   2019</b></td></tr><tr><td colspan="2"><b>Physician Office Visit Benefit</b> Benefit Payable per Day: \$50 Maximum Number of Days per Calendar Year: 5 days</td><td colspan="2"><b>Initial Hospital Benefit</b> Benefit Payable per Day: \$250 Maximum Number of Days per Plan Year: 1 day</td></tr><tr><td colspan="2"><b>Hospital Benefit</b> Benefit Payable per Day: \$100 Maximum Number of Days per Calendar Year: 30 days</td><td colspan="2"><b>Outpatient Surgery</b> Benefit Payable per Day: Not Applicable Maximum Number of Days per Calendar Year: Not Applicable</td></tr><tr><td colspan="2"><b>Emergency Room Benefit</b> Benefit Payable per Day: \$150 Maximum Number of Days per Calendar Year: 1 day</td><td colspan="2"><b>Preventive Benefit</b> Maximum Number of Days per Plan Year 1 Day Benefit Payable per Day: \$100</td></tr></table>	PLAN	FEATURES	APPLICANT	EFFECTIVE DATE	 <b>Bridge to Medicare Plan 1</b> <b>\$439.46*</b> /mo *Plus one-time \$35 enrollment fee <a href="#">Start Online Application</a> <a href="#">Details</a>	Deductible <b>\$10,000</b> ? Coinsurance <b>30%</b> ? Max Out-of-pocket <b>\$10,000</b> ? Maximum Coverage <b>\$250,000</b> ?	<b>Female, 62</b>	First Policy Effective Date <b>12   31   2018</b> First Policy Expiration Date <b>12   29   2019</b>	<b>Physician Office Visit Benefit</b> Benefit Payable per Day: \$50 Maximum Number of Days per Calendar Year: 5 days		<b>Initial Hospital Benefit</b> Benefit Payable per Day: \$250 Maximum Number of Days per Plan Year: 1 day		<b>Hospital Benefit</b> Benefit Payable per Day: \$100 Maximum Number of Days per Calendar Year: 30 days		<b>Outpatient Surgery</b> Benefit Payable per Day: Not Applicable Maximum Number of Days per Calendar Year: Not Applicable		<b>Emergency Room Benefit</b> Benefit Payable per Day: \$150 Maximum Number of Days per Calendar Year: 1 day		<b>Preventive Benefit</b> Maximum Number of Days per Plan Year 1 Day Benefit Payable per Day: \$100	
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## What's Next?

To proceed, the next step is an online application. First, we'll ask some questions to see if you're eligible for this coverage. From there, we'll begin the online purchase and enrollment.

[Start Online Application](#)

# PIVOT HEALTH'S STM – MEDICAL KNOCK OUT QUESTIONS

## **Yes to any of the 5 questions: coverage can not be issued**

1. Other health insurance in force or Medicaid eligible?
2. Have/Are you, or any applicant:
  1. Been denied insurance due to any health reasons for a condition that is still present?
  2. Now pregnant, in process of adoption or undergoing fertility treatment?
  3. Over 300 pounds if male or over 250 pounds if female?
  4. Been advised by a medical professional to have diagnostic testing, treatment, surgery that has not yet been completed?
3. Within the last 5 years has any applicant had a diagnosis, symptoms, an abnormal test result or received treatment, medication or consultation for:

Cancer or malignant melanoma; atrial fibrillation or abnormal heart rhythm, heart disorders, angina, heart attack or heart failure; stroke; uncontrolled hypertension; diabetes except gestational; hepatitis C or liver kidney disorders; organ transplant; chronic obstructive pulmonary disease (COPD) or emphysema; rheumatoid arthritis or degenerative disk disease; hemophilia, leukemia or blood disorders; multiple dystrophy or sclerosis; alcohol or drug abuse or misuse; bipolar, schizophrenia; or eating disorder?


Medical questions vary by state

# PIVOT HEALTH'S STM – MEDICAL KNOCK OUT QUESTIONS CON'T

## **Yes to any of the 5 questions: coverage can not be issued**

4. Within the last 5 years has any applicant been diagnosed or treated by a physician or medical practitioner for Acquired Immune Deficiency Syndrome (AIDS) or tested positive for Human Immunodeficiency Virus (HIV)?
5. **If all persons to be insured are United States citizens, please answer “No” to this question.** If any person to be insured is not a United States citizen, has that person resided outside the United States at any time during the prior 12 months?

Medical questions vary by state

PLAN	FEATURES	APPLICANT	EFFECTIVE DATE
<div>Short Term Medical</div> <div>\$367.27<sup>*</sup>/mo</div> <div>*Plus a one-time \$15.00 enrollment fee</div>	Deductible \$10,000 (?) Coinsurance 30% (?) Max Out-of-pocket \$10,000 (?) Maximum Coverage \$250,000 (?)	Female, 62	First Policy Effective Date 12   31   2018  First Policy Expiration Date 12   29   2019
<div>Limited Benefit Insurance</div> <div>\$72.19<sup>*</sup>/mo</div> <div>*Plus a one-time \$20.00 enrollment fee</div> <div>Companion Life</div>	<div>Physician Office Visit Benefit</div> <div>Benefit Payable per Day: \$50</div> <div>Maximum Number of Days per Calendar Year: 5 days</div>	<div>Initial Hospital Benefit</div> <div>Benefit Payable per Day: \$250</div> <div>Maximum Number of Days per Plan Year: 1 day</div>	
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	Bridge to Medicare Plan 1		Total: \$439.46 <sup>*</sup>

PRIMARY

06/30/1956 | Female

First Name

Initial

Last Name

First Name

Last Name

Address

City

Address

Saint Petersburg

Florida, 33703

Primary Phone

SSN

Primary Phone

Social Security Number

Email

Confirm Email

user@domain.com

user@domain.com

Save & Continue



# PIVOT HEALTH-WHAT IS CONSIDERED A PRE-EXISTING CONDITION

Pre-existing Conditions are charges resulting directly or indirectly from a condition for which a Covered Person received medical treatment, diagnosis, care or advise within sixty-month period immediately preceding such person's effective date.

Pre-existing look back period varies by state.

# QUESTIONS?