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Insurance Services of America

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The Bridge to MedicareTM Plan

Short-Term Medical Insurance

Also Referred to as Short-Term Limited Duration Insurance

A health insurance solution for pre-Medicare individuals

Short-term medical insurance is 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.

BTM040320

Why Consider The Bridge to Medicare™ Plan?

The Bridge to Medicare™ Plan is a short-term medical insurance solution that can provide coverage until you are eligible to enroll in Medicare, helping reduce your financial risks so you can enjoy retirement.

Features

Short-term medical insurance includes hospitalization and professional health services after deductibles, copays, and coinsurance. Your benefit coverage can pay up to \$500,000 during the covered time period. There are no doctor or hospital network restrictions, so you have the freedom to choose where to receive care.

Important Plan Features

- Up to \$500,000 in benefits per coverage period
- Deductible options of \$10,000, \$7,500 and \$5,000
- 20%-30% coinsurance options
- Freedom to choose any doctor or hospital – no networks
- Prescription drug copays available on all plans (after \$500 Rx deductible on select plans)
- Coinsurance maximum out-of-pocket of \$10,000 per person, per coverage period

Short-Term Medical Insurance 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.”

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.

How Long Can I Keep The Bridge to Medicare™ Plan?

Beginning at age 60, eligible individuals can purchase three consecutive Bridge to Medicare™ plans. The plans will cover you for three years or until you are eligible for Medicare. Each plan year new coverage periods go into effect, starting with new deductibles, coinsurance and out-of-pocket maximums. Coverage can be canceled at any time.

Medicare Eligibility Rules

If you apply for Medicare in a timely manner according to Medicare guidelines, your coverage starts the first day of the month you turn 65 years of age unless your birthday is on the 1st of the month. If your birthday is on the 1st of the month, you become eligible on the 1st of the prior month. Your coverage under Bridge to Medicare™ will terminate the 1st of the month you turn age 65.

Advantages of The Bridge to Medicare™ Plan

- Open network – see any doctor or hospital
- Designed specifically for pre-Medicare individuals and spouses
- Benefits targeted to your needs. Benefits like maternity coverage not included

Candidates For The Bridge to Medicare™ Plan

Pivot Health's Bridge to Medicare™ is for individuals and couples age 60-64 years and 11 months who are looking for a health insurance option before they are eligible for Medicare. This plan is also a solution for:

- Individuals who have left their employer health plan and want a different solution than COBRA
- 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

If an insured relocates to a state where short term medical insurance forms are not available, a new policy cannot be issued at the expiration date of the policy currently in force.

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

Emergency pre-certification: In the event of an emergency hospital admission, pre-certification must be made within 48 hours after the admission, or as soon is reasonably possible.

Select services are subject to deductible and coinsurance before benefits are applied.

	Plan 1	Plan 2	Plan 3
Deductible [†]	\$10,000	\$7,500	\$5,000
Coinsurance (Percentage you pay)	30%	30%	20%
Coinsurance Out-of-Pocket Maximum	\$10,000	\$10,000	\$10,000
Coverage Period Maximum Benefit	\$250,000	\$500,000	\$500,000
Prescription Drugs	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.
Additional Outpatient Surgical Facility Deductible*	\$500	\$500	\$500
Additional Inpatient Admission Deductible	\$750	\$750	\$750
Additional Emergency Room Deductible**	\$450 plus deductible and coinsurance		
Inpatient Hospital Benefits	Subject to deductible and coinsurance		
Ground Ambulance	Up to \$1,000 per coverage period		
Air Ambulance	Up to \$2,500 per coverage period		
Home Health Care	Maximum of 40 days		
Hospice	Up to \$2,000 per coverage period		
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.

* Outpatient Surgical Facility Deductible: an additional deductible applied to the facility bill.

** Emergency Room Deductible: An additional deductible per visit is payable if not admitted to the hospital, in addition the standard deductible and coinsurance apply.
Policy Form# STMP5000.

For the first 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.

Waiting Period: Covered Persons will only be entitled to receive benefits for Sicknesses that begin, by occurrence of symptoms and/or receipt of treatment, at least 5 days following the Covered Person's Effective Date of coverage under the Policy. Covered Persons will only be entitled to receive benefits for Cancer that begins, by occurrence of symptoms or receipt of treatment at least 30 days following the Covered Person's Effective Date of coverage under the policy.[†]

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

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 dirtbikes, 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 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.

[†]Provisions may vary by state.

*This is a partial list of exclusions and limitations. Please see the certificate for detailed information about these and other policy exclusions and limitations. Benefits, provisions, limitations and exclusions may vary by state.

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; Herniorrhaphy; Cholecystectomy.

*This is a partial list of exclusions and limitations. Please see the certificate for detailed information about these and other policy exclusions and limitations. Benefits, provisions, limitations and exclusions may vary by state.



Eligibility

The Bridge to Medicare™ Plan is made available through Companion Life Insurance Company, and is for individuals who are between 60 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. Coverage in good standing terminates the first of the month a member turns age 65.

Benefits

Benefits are limited to 125% Professional/ 150% Facility of the prevailing Medicare rate of reimbursement for Short Term Medical Insurance.

About Companion Life Insurance Co.

Companion Life Insurance Company, is located in Columbia, S.C., and 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 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.

Non-Insurance Benefits From CA

- Telemedicine reimbursement that includes low-cost doctor consultations
- Eyewear and hearing aid discounts
- Emergency helicopter evacuation
- Plus many more discounted benefits!

Rates Subject to Change

Premium rates are age banded and subject to change at an attained age or with 60 days notice to the policyholder, Communicating with America, Inc.