



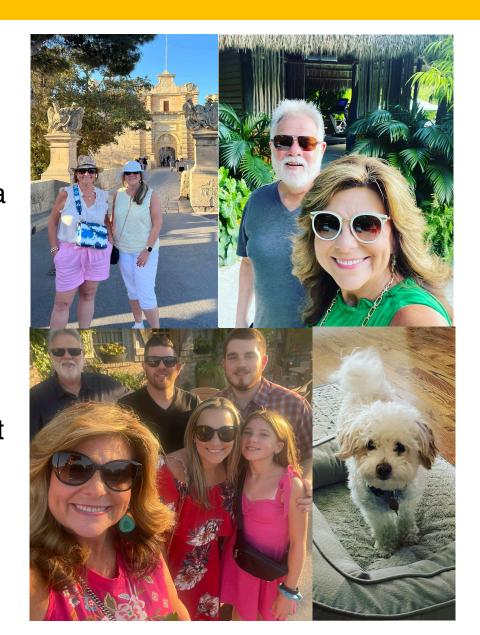


Spouse In The House

Age 65: Manhattan Life/ Affordable Choice
The Path to Package of Protection with Hospital Indemnity Plans

ABOUT GAYLAN - QUEEN OF THE BUNDLE

- Founder and Partner of Senior Security Benefits since 2000
- CMO 2003- 2011
- CEO 2011- Present
- Over \$120M in sales in 2020 and continued growth
- Advisory Council member for Manhattan Life, Aetna & Cigna
- Keynote Speaker, Industry Coach & Personal Mentor
- Ronald McDonald House Board Member 2016-2022
- Ronald McDonald House Board President 2023
- Former Board Member of American Heart Association
- Founding board member of Fundamental Legacy, Hope Fort Worth & Polished Ministries Mentor
- Wife, Mom & Gram
- Travel, Music & Reading
- #RubyFaith



Is this too good to be true?

United States Court of Appeals

FOR THE DISTRICT OF COLUMBIA CIRCUIT

Argued April 15, 2016

Decided July 1, 2016

No. 15-5310

CENTRAL UNITED LIFE INSURANCE CO., ET AL.,
APPELLEES

V

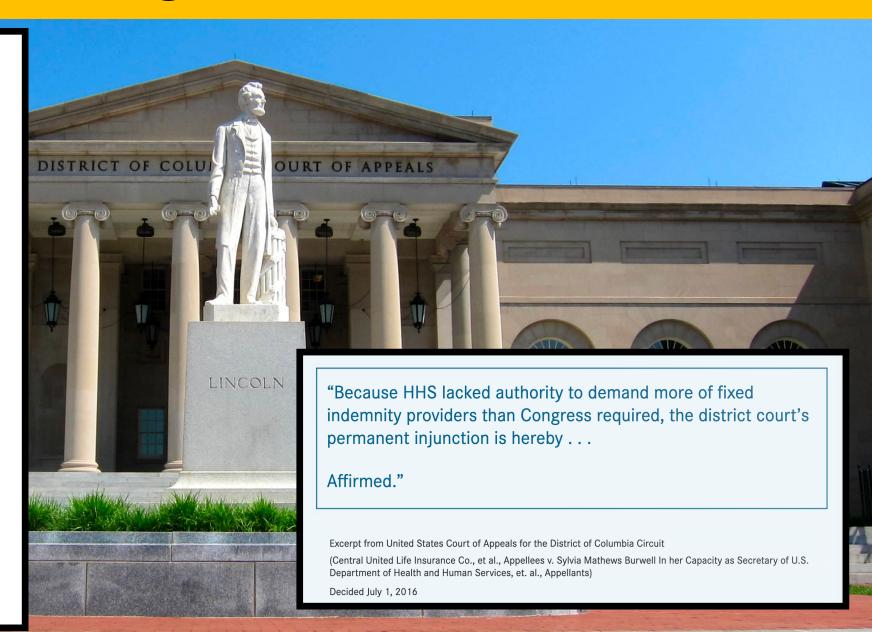
SYLVIA MATHEWS BURWELL, IN HER OFFICIAL CAPACITY AS SECRETARY OF U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, ET AL.,

APPELLANTS

Appeal from the United States District Court for the District of Columbia (No. 1:14-cv-01954)

Daniel Tenny, Attorney, U.S. Department of Justice, argued the cause for appellants. With him on the briefs were Benjamin C. Mizer, Principal Deputy Assistant Attorney General, Mark B. Stern, and Alisa B. Klein, Attorneys, William B. Schultz, General Counsel, U.S. Department of Health and Human Services, Janice L. Hoffman, Associate General Counsel, and Susan Maxson Lyons, Deputy Associate General Counsel for Litigation.

Quin M. Sorenson argued the cause for appellees. With him on the brief were James C. Stansel and Tobias S. Loss-Eaton.



AFFORDABLE CHOICE BROCHURE





The Affordable Choice Enhanced

Today's solution, for the problems of tomorrow.

This is a Hospital Confinement and other Fixed Indemnity Insurance Policy Underwritten by ManhattanLife Assurance Company of America and Family Life Insurance Company Know your products inside & out, use your brochures as tools!

Click here for Brochure PDF

Affordable Choice

AFFORDABLE CHOICE PLAN COMPARISON

	Surgio	cal and Hospitalizat			
Inneticat Unanital Confinement		ELITE PLUS	ELITE	CLASSIC PLUS	CLASSIC
Inpatient Hospital Confinement (per Inpatient Day)		\$6,000	\$4,000	\$3,000	\$2,000
Building Benefit Injury Reimbursement	Year 2	\$7,500	\$5,000	\$3,750	\$2,500
Inpatient Hospitalization Benefits	Year 3	\$9,000	\$6,000	\$4,500	\$3,000
increase 25% each year, years 2-5, for	Year 4	\$10,500	\$7,000	\$5,250	\$3,500
injury-related hospital stays. (per day)	Year 5	\$12,000	\$8,000	\$6,000	\$4,000
Hospital Admission Benefits (for the first Inpatient Day per calendar year)	\$3,000	\$2,000	\$1,000	\$1,000
Emergency Room (Per day/calendar year maximum)		\$300/2 CY	\$300/2 CY	\$250/1 CY	\$250/1 CY
Urgent Care (Per day/calendar year maximum)		\$300/4 CY	\$300/4 CY	\$250/2 CY	\$250/2 CY
Surgery Benefit Daily surgical benefits for both inpatient and outpatient surgery. The reimbursement sch for 1 unit is similar to what is payable under Medicare Physician Fee Schedule for surger (Maximum \$50,000 benefit per calendar yea	edule the es.	3 X the policy fee schedule	2.5 X the policy fee schedule	2 X the policy fee schedule	1 X the policy fee schedule
Ambulatory Surgical Benefit If outpatient surgery is performed in an Amb Surgical Center or Outpatient Hospital facilit the benefits payable include the surgical and anesthesia benefits in addition to per day ambulatory/outpatient facility benefit.	ulatory y,	\$3,000	\$2,500	\$2,000	\$1,000
Daily Assistant Surgeon Benefit		Pays 20% of the eligible surgical benefit			
Daily Anesthesiologist Benefit			Pays 25% of the elig		
Doctor's Office Visit with Rollover		\$200/10 days	\$175/10 days	\$125/8 days	\$75/6 days
(Per day/per calendar year)			rovision allows five-		
Prescription Benefit (Per Day)		\$75	\$50	\$50	\$25
Outnationt Medical Renefits	onoscopy Pap PSA	\$600 \$300 \$300	\$600 \$300 \$300	\$500 \$250 \$250	\$500 \$250 \$250
Laboratory Services: Surgical (per day) Other Laboratory	Pathology Services	\$300 \$50	\$300 \$50	\$200 \$50	\$200 \$50
Therapy Services: (per day for physical, occupational, speed	:h)	\$75	\$75	\$50	\$50
Radiology Services: (per day: MRI/PET so CT scan/mammogram/other radiology		\$700/\$700/ \$700/\$300/\$250	\$600/\$600/ \$600/\$300/\$250	\$500/\$500/ \$500/\$250/\$200	\$300/\$300/ \$300/\$250/\$20
Calendar year limit for all Outpatient Ben	efits	\$8,000	\$6,000	\$4,000	\$4,000
Ground and Air Ambulance Limit of 2 daily benefits per calendar year for all ambulance transportation (per da	ay*)		\$150 Ground \$1,500 Air		
Allergy Shots and Immunization** (chi (per day allergy shots/immunizations)	d only)	\$10/\$25			
Cancer Benefit Pays for Radiation, Chemotherapy, & Immuno (per day/40 days per calendar year)	therapy	\$2,000	\$2,000	\$1,000	\$1,000
Inpatient Hospital Confinement/ Building Benefit Injury Reimbursement			\$1,000,000 cale	endar year limit	
Prescription Benefit			\$750 calendar	year maximum	
Allergy Shots and Immunization		\$100 calendar year maximum			
		\$5,000,000			

^{*}In MI, only one per day benefit will be paid per day, regardless of how many trips are made for that day.

The plans shown above are limited benefit fixed-indemnity plans and benefits are per Covered Person. This is not a major medical insurance plan. Fixed-indemnity benefits are provided for hospital confinement and specified medical and surgical events. These benefits are paid in daily amounts for covered events without regard to the costs of services rendered. This plan does not provide expense reimbursement for charges based on your health care provider's statement.

AFFORDABLE CHOICE MONTHLY PREMIUMS

		ELITE PLUS	ELITE	CLASSIC PLUS	CLASSIC
6	Individual	\$172.43	\$130.06	\$101.92	\$75.67
8 - 29	Individual and Spouse*	\$340.04	\$255.27	\$198.98	\$146.43
Ages 18	Individual and Child(ren)	\$373.97	\$271.93	\$208.13	\$151.06
Υ	Individual and Family**	\$569.05	\$416.46	\$319.64	\$232.08
6	Individual	\$217.88	\$164.28	\$126.02	\$94.83
30 - 39	Individual and Spouse*	\$430.97	\$323.76	\$247.23	\$184.78
Ages 3	Individual and Child(ren)	\$419.42	\$306.15	\$232.23	\$170.22
Υ	Individual and Family**	\$659.85	\$484.84	\$367.80	\$270.38
				\$183.38	\$129.09
6	Individual	\$259.43	\$195.87	\$148.06	\$112.46
Ages 40 - 49	Individual and Spouse*	\$513.92	\$386.78	\$291.14	\$219.94
ges 4	Individual and Child(ren)	\$460.97	\$337.75	\$254.27	\$187.85
Ø	Individual and Family**	\$742.93	\$548.00	\$411.83	\$305.61
				\$183.38	\$129.09
4	Individual	\$367.21	\$278.76	\$205.02	\$158.46
Ages 50 - 64	Individual and Spouse*	\$729.52	\$552.62	\$405.12	\$311.99
Ses 5	Individual and Child(ren)	\$568.77	\$420.65	\$311.23	\$233.86
₹	Individual and Family**	\$958.35	\$713.69	\$525.68	\$397.57
	Child Only**	\$183.38	\$129.09	\$96.68	\$68.62

- ANY Doctor ANY Hospital
 - Cash indemnity plans= **Cash NEGOTIATED prices**
 - Guarantee Renewable
 - Non Cancelable
 - Rate Stability
 - Not required to be assigned to hospitals or providers

^{**} In MI, Immunization does not apply.

^{*} In IL, spouse or civil union partner

^{**} Family rates include up to four children. Additional children are charged the Child rate.

Affordable Choice Benefits

Low Cost Ancillary Services

First Health Network

- More than 810,000 physicians and healthcare
- Over 1.5 million service locations across all 50 states.
- More than 5,900 hospitals
- Over 125,000 ancillary facilities

Phone: 1-800-226-5116

Web: https://providerlocator.firsthealth.com/home/index

Client Code: FHIND



Prescription Benefit Partner*

- Discounts to 80%
- Accepted at over 67,000 pharmacies nationwide
- Discounts on over 10,000 medications
- Completely free to use



Phone: 888-879-7336

Drug Pricing Tool: www.findlowrx.com

Web: https://www.rxedo.com/ (to learn more about this service)

CT



ManhattanLife has partnered with Green Imaging to provide diagnostic imaging services to you at a significantly discounted rate.

Services Include:

- Nuclear Medicine
 X-Ray
- Ultrasound
- PET/CT

Phone: 1-844-968-4647





Web: https://greenimaging.net/

RxEDO

How you save with Affordable Choice



- TeleMedicine with Clinic Access
- Pharmacy Savings
- Lab Testing
- Behavioral Health
- Healthcare Liaison's



Email: memberservices@navigohealth.com



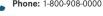


Phone: 1-877-544-0171



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- CMP-14
- Cardio Plus Lipid Profile
- PSA ■ Vitamin D
- **Phone:** 1-800-908-0000







Email: contact@directlabs.com

Client Code: R-MLAC (code for all phone orders)

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Perfect ACA

Companion plan

No Copay on TelaHealth

What's In It For Me?

STREET LEVEL COMMISSIONS (TEXAS)

FOR AGENT USE ONLY

Product	Monthly Premium	Commission Rate	Monthly Commission	First Year Commission
Affordable Choice	\$278.76	30%	\$83.63	\$1,003.54
Out of Pocket Protection	\$42.10	30%	\$12.63	\$151.56
Lump Sum Cancer Plan	\$62.50	80%	\$50.00	\$600.00
Lump Sum Heart Attack/Stroke Plan	\$19.17	80%	\$15.34	\$184.08
24 Hour Accident Plan	\$35.31	30%	\$10.59	\$127.12
Home Healthcare	\$32.80	60%	\$19.68	\$236.16
Omni Flex	\$97.00	55%	\$53.35	\$640.20
Dental, Vision & Hearing	\$59.58	40%	\$23.83	\$285.98
Final Expense	\$27.90	105%	\$29.30	\$351.54
TOTAL AGENT ANNUAL INCOME				\$3,580.18

^{*}premium based on female age 59 non smoker TX



^{** 3} of these packages at 50 weeks would create a \$537,027 annual income in first year commissions

WHAT'S IN IT FOR ME?

- Average Cancer, Heart Attack or Stroke annual premium is \$350
- 80% 1st year commission in most states Year 1 comp just increased 25%!!!
- 6% renewal comp (yrs. 2-10) in most states
- \$350 x 80% = \$280 in 1st year commissions
- 1 sale per week = \$14,560 in new CHAS commission on top of your Med Sup, MA and/or ACA commission from the same client!
- Policy pays a maximum 9-month advance
- Clients rarely drop CHAS because the premiums are reasonable and they're afraid they'll get CHAS after they drop it.

How does Aetna's commission compare?

Aetna	GTL	Cigna	Mutual of Omaha
80%	50%	60%	60%

INSURANCE "CLAIMS" UTILIZATION

Chance a claim is filed in an individual's lifetime

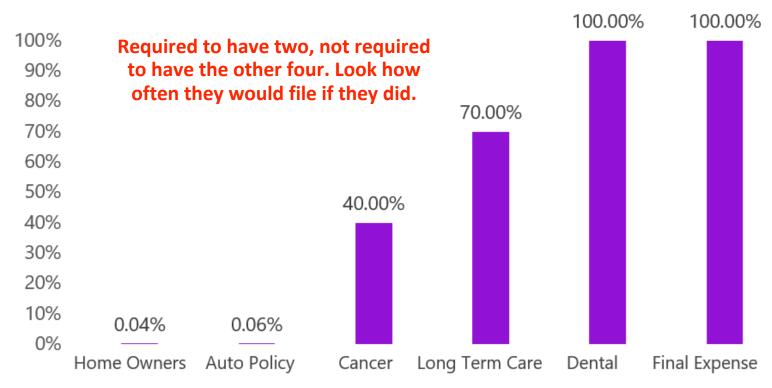
Below are several different types of insurance purchased during a lifetime that are rarely used:

YOU, THE AGENT NEED ALL OF THESE PLANS!

GET CONVICTED!

WHAT YOU DO MATTERS!

Type of Insurance: Likelihood of Filing a Claim



Don't be afraid to show your clients what this plan does and doesn't do!

Claim Example #1: Hospital Stay

Hospital Stay

Description of Transaction

Total Charges - 7 days

Total Adjustments/Network Discounts

Current Balance

Amount:*

\$41,660.41

-\$18,747.18

\$22,913.23

Have your calculator ready to do the math for your client!

SHOW THEM THE FINANCIAL DIFFERENCE!

Affordable Choice Pays

Description of Transaction

Admission Benefit

Hospital Days at \$4,000

Total Paid

Amount:*

\$2,000.00

+\$28,000.00

\$30,000.00

^{*}Amounts based on Affordable Choice claims data. Results may vary.

Package of Protection Price Comparison



Female Age 59 \$180K HH Income Non Smoker

	ACA with No Subsidy	Affordable Choice Package of Protection 1
Bronze HSA/ ACA Plan Premium at 12 Mo	\$1,207.90 X 12= \$14,494.80	
Affordable Choice Premium at 12 Mo		\$278.67 x 12= \$3,345.12^
P.O.P Add Ons at 12 Mo		\$375.36 x 12= \$4,504.32~
ACA OOP* Self Insured Risk**	\$9,100	Cash Negotiated Discounts
In Network/ Out of Network	*Network Plan Only	Any Doctor Any Hospital Any Provider

Claim Example #1

Hospital Stay

Description of Transaction

Total Charges - 7 days

Total Adjustments/Network Discounts

Current Balance

Affordable Choice Pays Description of Transaction

Admission Benefit Hospital Days at \$4,000

Total Paid

\$41,660.41 <u>-\$18,747.18</u> **\$22,913.23**

Amount:*

Amount:* \$2,000.00 +\$28,000.00 \$30,000.00 ACA Insurance company would pay Hospital: \$22,913.23 - (\$9,100 Client responsibility)= \$13,813.23

Money paid to client from Manhattan Life:

AFC= \$30,000

OOP= \$6350 + 700= \$7050

Total Received MLAC= \$37.050

With this
Package of Protection
this client is fully
diversified.

Package of Protection Plan Design

^Affordable Choice (AFC)- Elite Plus \$278.76

~MLAC Out of Pocket Protection-\$100/day + Host. Adm. \$6,350= \$42.10

Aetna Cancer Only/\$30K= \$62.50

Aetna Heart Attack/ Stroke \$10K= \$19.17

MLAC 24 Hour Accident 2 Unit= \$35.31

MLAC HHC Deluxe= \$32.80 MLAC Omni Flex= \$96.00

MLAC DVH Traditional \$3K= \$59.58

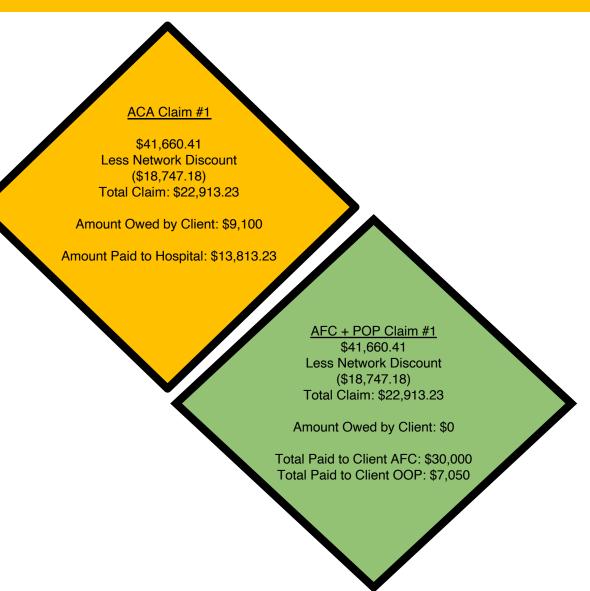
MLAC Final Expense \$10K= \$27.90

ACA Marketplace Price Comparison

No Subsidy- High Net worth Client

ACA "MARKETPLACE" PRICE

Premium 12 Mo \$14,494.80 Deductible (HSA) Co Pays \$9,100.00 **Total OOP** In/Out Network Total Paid by Client \$23,594.80 If Claims Accrue Total Paid to Client \$0.00 Total Paid by Client \$23,594.80



Premium 12 Mo Guaranteed Renewable	\$3,345.12
POP Add ons at 12 Mo Guaranteed Renewable	\$4,504.32
Deductible Co Pays Total OOP In/Out Network	\$0.00
Total Paid by Client AFC + POP	\$7,849.44
Total Paid by Client ACA	23,594.80
Total Paid Out of Pocket by Client	\$31,444.24
Total Paid to Client	\$37,050.00
Total "Net Gains" By Client	\$5,605.76

FOR AGENT USE ONLY

ACA Marketplace Price Comparison

With 100% Subsidy HMO Plan

Premium 12 Mo Guaranteed Renewable	\$3,345.12
POP Add ons at 12 Mo Guaranteed Renewable	\$4,504.32
Deductible Co Pays Total OOP In/Out Network	\$0.00
Total Paid by Client AFC + POP	\$7,849.44
Total Paid by Client ACA	\$9,100.00
Total Paid Out of Pocket by Client	\$16,949.44
Total Paid to Client	\$37,050.00
Total "Net Gains" By Client	\$20,100.56

ACA "MARKETPLACE" PRICE

Premium 12 Mo	\$0.00
Deductible (HSA) Co Pays Total OOP In/Out Network	\$9,100.00
Total Paid by Client If Claims Accrue	\$9,100.00
Total Paid to Client	\$0.00
Total Paid by Client	\$9,100.00



"Spouse in the House" Common Packages of Protection

ACA PLAN with or without subsidy
AFFORDABLE CHOICE
OUT OF POCKET PROTECTION/ LIMITED HI
CANCER
DENTAL, VISION & HEARING
HEART ATTACK & STROKE
24 HOUR ACCIDENT
SHORT TERM OMNI FLEX / HHC
LIFE INSURANCE

CANCER DENTAL, VISION & HEARING SHORT TERM OMNI FLEX / HHC HIP LIFE INSURANCE

MEDICARE SUPPLEMENT DENTAL, VISION & HEARING CANCER SHORT TERM OMNI FLEX / HHC LIFE INSURANCE



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Q&A









Thank You!