

LifeShield STM

Underwritten by: LifeShield National Insurance Co.



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Member, The Midland Group

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Important Non-Negotiables to Remember

Agents are required to fully identify this product. LifeShield STM is a short-term medical plan underwritten by LifeShield National Insurance Co.

Source: Non-Negotiables “Name and Type of Product”



ACA Disclaimer

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 THE CERTIFICATE CAREFULLY TO MAKE SURE YOU ARE AWARE OF ANY EXCLUSIONS OR LIMITATIONS REGARDING COVERAGE OF PRE-EXISTING CONDITIONS OR HEALTH BENEFITS (SUCH AS HOSPITALIZATION, EMERGENCY SERVICES, MATERNITY CARE, PREVENTIVE CARE, PRESCRIPTION DRUGS, AND MENTAL HEALTH AND SUBSTANCE USE DISORDER SERVICES). YOUR COVERAGE ALSO HAS 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.





Important Non-Negotiables to Remember

Agents are required to inform consumers that this plan is not ACA compliant or a major-medical policy that they may be subject to a tax penalty.

Source: Non-Negotiables “Product is Not ObamaCare/ACA”



Product Highlights



Network

PHCS, giving members access to in-network negotiated rate

Doctors Visits

Low out-of-pocket costs, including \$30 or \$40 copays for doctor's office visits and \$50 wellness care

Deductible Options

\$1,000, \$2,500, \$5,000, \$7,500, \$10,000

Coinsurance Options

100%/0%, 80%/20%, 70%/30% or 50%/50%

Out-of-Pocket Maximum Amount

\$2,000, \$3,000, \$4,000 or \$5,000

Choice of Coverage Period Length

Available for up to 36 months of coverage depending upon state regulations

Choice of Coverage Period

Next day coverage; later effective date available, but not to exceed 60 days from date of processed application. There is a 5 day waiting period for sickness, 30 day wait for cancer in most states.

Disclaimer: This is a brief description of LifeShield short-term medical plan. Please check the product certificate or master policy for complete details.



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Plan Benefits

	Plan 1	Plan 2
Coinsurance	70/30, 80/20, 100/0	50/50, 70/30, 80/20, 100/0
Deductible	\$1,000, \$2,500, \$5,000, \$7,500	\$1,000, \$2,500, \$5,000, \$7,500, \$10,000
Out-Of-Pocket Maximum	\$2,000, \$3,000, \$4,000	\$2,000, \$3,000, \$4,000, \$5,000
Coverage Period Maximum	\$250,000, \$750,000, \$1,000,000	\$250,000, \$750,000, \$1,000,000

Unless specified otherwise, the following benefits are for Insured and each Covered Dependent subject to the plan Deductible, Coinsurance Percentage, Out-Of-Pocket Maximum and Policy Maximum chosen. Benefits are limited to the Maximum Allowable Expense or each Covered Expense, in addition to any specific limits stated in the policy.

	Plan 1	Plan 2
Doctor Office Consultation		
Copay	\$30 Copay, maximum 3	\$40, unlimited
Wellness Benefit Copay	\$50 Copay, maximum 1	\$50 copay, maximum 1
Inpatient Hospital Services		
Average Standard Room Rate	\$1,000 per day	Average Standard Room Rate
Hospital ICU	\$1,250 per day	Average Standard Room Rate
Doctor Visits	\$50 per day, maximum \$500	Subject to Coinsurance and Deductible
Outpatient Services		
Surgical Facility	\$1,250 per day	Subject to Coinsurance and Deductible
Outpatient Surgery Deductible	N/A	\$500 Additional deductible applies, maximum 3
Emergency Room - deductible	N/A	\$500 Additional deductible applies
Emergency Room - benefit	\$250 per visit	Subject to Coinsurance and Deductible
Advanced Diagnostic Studies Deductible	N/A	\$500 per occurrence
Ambulance	Injury and Sickness: \$250 per transport	Injury and Sickness: \$250 per transport
Extended Care Facility	\$150 per day, maximum 30 days	\$150 per day, maximum 30 days
Home Health Care	\$50 per visit, maximum 30 days	\$50 per visit, maximum 30 days
Physical, Occupational and Speech Therapy	\$50 per day, maximum 20 visits	\$50 per day, maximum 20 visits
Mental Disorders		
Inpatient	\$100 per day, maximum 31 days	\$100 per day, maximum 31 days
Outpatient	\$50 per day, maximum 10 visits	\$50 per day, maximum 10 visits
Substance Abuse		
Inpatient	\$100 per day, maximum 31 days	\$100 per day, maximum 31 days
Outpatient	\$50 per day, maximum 10 visits	\$50 per day, maximum 10 visits

Disclaimer: Coverage is not limited to the benefits listed on this slide; any eligible expenses are subject to plan limitations. Please check the product certificate or master policy for complete details.



Who can benefit from this coverage?

Eligibility

18-64 and child coverage policies from 2-25

LifeShield STM is great for those who:

- 1) Are between jobs or have been laid off
- 2) Are waiting for employer benefits
- 3) Have part-time or temporary employment
- 4) Have recently graduated
- 5) Are without adequate health insurance



Medical Questions

Generic List

If the answer to any question is yes, the coverage cannot be issued.

1. Is the Applicant or any Proposed Insured eligible for Medicaid or Medicare?
2. Is the Applicant or any Proposed Insured:
 - a. Now pregnant, an expectant parent, in process of adoption or undergoing infertility treatment?
 - b. Over 325 pounds if male, or over 275 pounds if female?
3. Will the Applicant or any Proposed Insured have any other group major medical health insurance or individual major medical health insurance in force on the requested effective date?
4. Within the last 5 years has any applicant been diagnosed with, received treatment, abnormal test results, medication, consultation for, or had symptoms of: Insulin or medication dependent diabetes except gestational (diabetes does not apply to residents of DC), stroke, transient ischemic attack (TIA), cancer or tumor except basal cell skin cancer, Crohn's disease, ulcerative colitis, rheumatoid arthritis, systemic lupus, chronic obstructive pulmonary disease (COPD), emphysema, cystic fibrosis, hepatitis C, multiple sclerosis, muscular dystrophy, alcohol or drug abuse; bipolar disorder or schizophrenia; an eating disorder; or any diseases or disorders of the following: liver, kidney, blood, pancreas, lung, brain, heart or circulatory including heart attack or catheterization?
5. Within the past 5 years, has the Applicant or any Proposed Insured been diagnosed or treated by a physician or medical practitioner for Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC) or tested positive for Human Immunodeficiency Virus (HIV)? (Residents of Wisconsin do not need to disclose HIV test results)

Disclaimer: Underwriting questions vary by state. Please check the product certificate or master policy for complete details.



Lengths Of Coverage Periods

Consumers can purchase one month at a time as needed.

Does NOT include any pre-existing condition waiver rider option.



Blocks of Coverage

3 by 2

Initial Enrollment purchase of 2 Three Month Policies.

Includes: pre-existing waiver is optional for plan 1 only, and deductible/coinsurance/maximum/ and benefit limits will reset after every policy term.

6 by 2

Initial Enrollment Purchase of 2 Six Month Policies.

Include: pre-existing waiver is optional for plan 1 only, and deductible/coinsurance/maximum/ and benefit limits will reset after every policy term.

12 by 3

Initial Enrollment Purchase of 3 Twelve Month Policies.

Include: pre-existing waiver is optional for plan 1 only, and deductible/coinsurance/maximum/ and benefit limits will reset after every policy term.

Pre-existing Waiver rider: Pre-Existing Waiver rider option will waive any conditions that were covered during the prior coverage period. Which mean consumers will not have to re-qualify for another term to begin. Pre-existing Waiver rider is only available on plan 1.

Disclaimer: Blocks of coverage and re-apply rules will vary by state and product. Terms of coverage and limitations may vary by product and state.

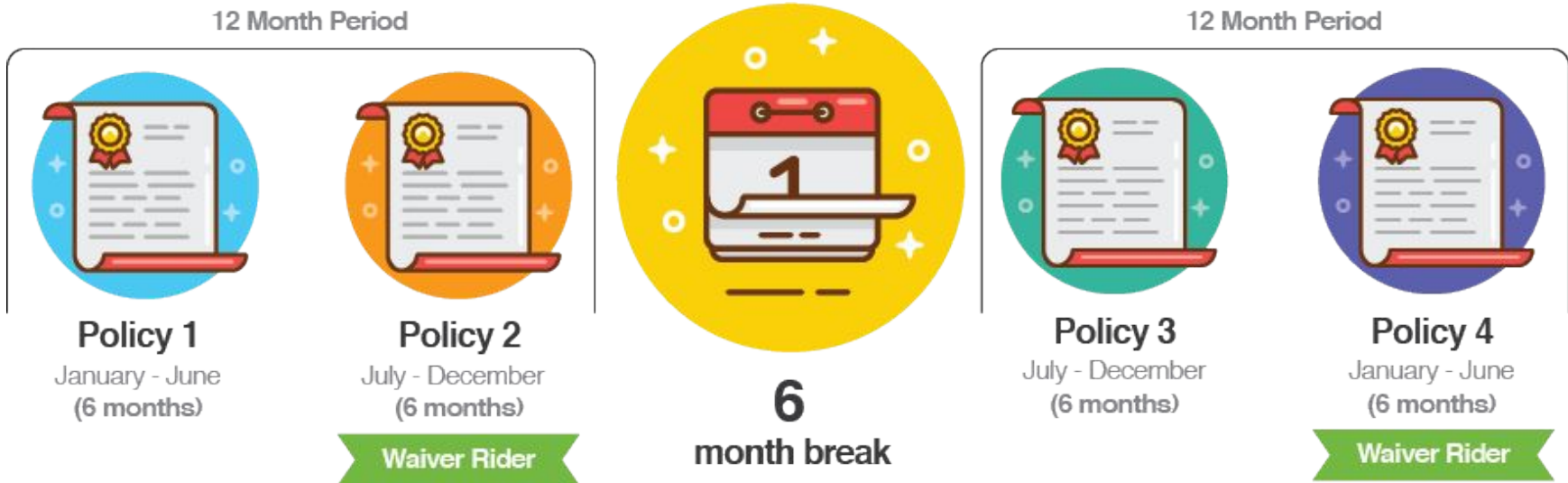
What are Re-Apply Rules ?

Re-apply Rules are the state specific enrollment limitations. Certain states may have regulations that limit coverage options to less than 12 months

Example:

Colorado – Policies can be purchased in two 6 month blocks for a total of 12 months of coverage.

Rewrite Limits - If covered under two or more nonrenewable short- term policies during the past 12 months, you must wait 6 months from the date of your last policy to reapply).



Disclaimer : State specific guidelines and enrollment limitations are subject to change. Please refer to the Reapply Rules Sales materials for more details.

How will consecutive policy terms work?

- A single member ID number and ID card for the consecutive policy terms
- Once the first policy term is ended the customer will receive an email stating their plan has continued into the next term. The email will provide them with their new monthly rate (if applicable), and they will have the opportunity to opt out.



Disclaimer: State specific guidelines are subject to change. Please refer to the State Availability Chart for more details.



Limitations & Exclusions

Pre-Existing Conditions

Charges resulting directly or indirectly from a condition for which a covered person received medical treatment, diagnosis, care or advice, including diagnostic tests or medications, within the 60-month period immediately preceding such person's certificate effective date are excluded for the first 364 days of coverage.

Waiting Period

5 days for sickness; 30 days for cancer, and 6 months for various covered surgeries

Other Exclusions

Pregnancy and elective medical services like cosmetic surgeries are not covered

Disclaimer: This is a brief description of LifeShield short-term medical plan. Please check the product certificate or master policy for complete details.





Important Non-Negotiables to Remember

Agents are required to educate consumers on how this plan handles pre-existing conditions, sickness, and cancer waiting periods in their state.

Source: Non-Negotiables “Pre-Existing Conditions (Explanation)”





PHCS (Private Healthcare Systems) Network

Persons insured under this plan may choose to be treated within, or out of, the PCHS network. This membership entitles your clients access to doctors and hospital facilities who have contracted to provide specific medical care at negotiated prices.

- Locate providers at: www.phcs.com
- Approximately 900,000 healthcare providers under contract
- Estimated 57 million consumers accessing the network products
- 110 million claims processed through the networks each year





Important Non-Negotiables to Remember

The amount of reduction varies by state and type of medical services received. The repriced amount varies by state and type of medical services received and is not a standard or fixed amount.

Source: Non-Negotiables “Network Repricing”





Med-Sense Guaranteed Association

The Med-Sense Guaranteed Association (MSGGA), is a not-for-profit organization that provides memberships to individuals. Members enjoy access to a variety of health, travel, consumer discounts and business services.

You can count on MSGGA to continuously and aggressively seek out new discounts to add further value to memberships in the association. Services and discounts you will enjoy as a member may include a collection of the following:

- ID Resolutions Identity Theft Service
- Sprint Cell Phone Service
- LensCrafters Vision Club
- 24 Hour Nurse Helpline Plan
- Gateway Medicaid
- Discount Hearing Service
- Travel Assistance Benefits
- Hewlett- Packard Computer and Digital Equipment
- 1800Flowers.com
- Savings Benefits Perks Program
- UPS Express Delivery Services
- Office Depot Office Supplies and Furniture
- Hop The Shops
- Vitamin Discount
- GymAmerica.com
- ADP Payroll Processing Service
- Moving Services
- Customized Web Services- NAC Web Services
- 24-Hour Emergency Roadside Assistance
- Constant Contact
- Magazine Discounts
- TravelerBonus.com
- Karis360
- Grainger Discount Program Facility, Maintenance, and Operations Product
- ADP Payroll Processing Service

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Important Non-Negotiables to Remember

Agents in states where membership is required must make consumers aware of the association and the benefits they offer.

Source: Non-Negotiables “Association Product”



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With ScripPal there are no fees or charges to enroll, and it never expires.

Your members can use this card to save an average of 46% for their whole family, including pets, at more than 60,000 pharmacies nationwide.



At the Rx Helpline, a team of advocates specializes in finding the lowest cost alternative for prescription medications. The team has helped over one million people navigate the complex system of prescription coverage and save money on their medications. Telephone consulting with Rx Helpline advocates to navigate options is members' fingertips. The team helps individuals get their medications for the lowest possible cost – and sometimes even for free.



Karis360's team of expert Patient Advisors work with members to assist in navigating the confusing and expensive world of healthcare, taking the hassle out of healthcare and saving them valuable time and money.



Teladoc gives your clients 24/7/365 access to U.S. board-certified doctors who can resolve many of their medical issues via phone or online video. There is a one-time registration fee of \$10 per person required before the first consultation.

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Important Non-Negotiables to Remember

Agents must inform consumers that membership benefits and Rx programs are not insurance and do not provide coverage and that they only provide discounts and services.

Source: Non-Negotiables “This is Not Insurance”



LifeShield National Insurance Company Agent Code of Ethical Conduct

As an agent for LifeShield National Insurance Co., you represent our company to the public, and you embody our professional reputation in your dealings with clients. Our company supports the Principles of the Insurance Marketplace Standards Association. We ask that all our representatives review and understand the following statement as your commitment to the highest standards of doing business:

- I will treat my clients as I would want to be treated.
- I will study the terms and provisions of any policy, which I will sell, so that I can relate it accurately to the potential buyer.
- I will ask questions to learn the client's situation so I may assist the client in selecting a product that is appropriate to the client's need, retirement plans, tolerance for risk, and financial situation.
- I will conduct all business with honesty, fairness, and integrity.
- All advertising and sales materials I use and comments I make in the sales process will be based on fact.
- I will refrain from focusing sales on inappropriate, disparaging allegations about comparisons of features and benefits.
- I will comply with all applicable insurance laws and regulations, and with all state and federal laws regarding fair competition.

Telephone Consumer Protection Act

It is important that each agent and their MGAs review the practices that are prohibited by the Telephone Consumer Protection (TCPA) Act 47. According to the Federal Communications Commission (FCC), which issues the TCPA rules, auto-dialed or pre-recorded telephone calls to cellular telephone numbers are prohibited unless made with "prior express consent" of the consumer.





Questions? Please reach out by:

Calling **877-376-5831** and selecting option 3

Emailing SalesSupport@hiquote.com

HIQuote.com

