

Exclusively available through



Underwritten by National Guardian Life Insurance Company and administered by Merchants Benefit Administrators.

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Why purchase a limited benefit medical plan?

- An affordable way for your clients to get the health care they need
- Helps cover the anticipated costs of everyday health care services with set-dollar benefits
- Association benefits provide access to discounted prescriptions, vision, hearing, and lots more services.

Target Clients

- Have a high deductible major medical plan
- Not eligible for group coverage or need to wait for Open Enrollment
- Don't want to pay for high-cost ACA plans, but want some coverage
- Students, recent grads, pre-Medicare retirees

THESE PLANS PROVIDE LIMITED BENEFITS. Make sure your clients know this is not a major medical plan and does not satisfy the requirements of minimum essential coverage under the Affordable Care Act. They may be subject to a tax penalty.





NGL PrimeCare Plan Highlights

- Guaranteed Issue
- 12/12 Pre-ex limitations
- No waiting period benefits start right away except for pre-ex conditions
- First-dollar benefits no deductibles or copays
- Access to two national provider networks for ultimate savings
- Benefits are paid on top of other coverage no coordination of benefits
- Automatic renewals no need to reapply
- No SSN required





National Small Business Association Benefits



PrimeCare is made available through a membership in NSBA

- Outlook Vision: 10% to 50% off the regular retail price of eyeglasses,
 contact lenses, sunglasses, and corrective surgery, including Lasik, PRK, and more
- Outlook Rx: discounts of 10% to 50% off the pharmacy's standard price
- EPIC Hearing: 30% and 60% savings on name-brand hearing aids
- BenefitHub Discounts & Rewards: A multitude of savings, discounts, and cashback rewards on retail, entertainment and travel purchases
- Consumer Medical Bill Solutions: negotiates medical bills to achieve savings of 25% - 45% of the total billed charges





Plan Benefits

COVERED SERVICES AND BENEFIT AMOUNTS	Standard	Select	Premium
Hospital Confinement Daily Income Benefit ¹			
Non-Critical Care Unit daily benefit	\$600	\$800	\$1,200
Maximum benefit for non-Critical Care Unit per Coverage Year	90 Days	90 Days	90 Days
Critical Care Unit daily benefit	\$1,500	\$2,000	\$2,500
Maximum benefit for Critical Care per Coverage Year	15 Days	15 Days	15 Days
Surgery Benefit			
For Surgery performed as an Inpatient			
Per Surgery benefit limit	Up to \$1250 ²	Up to \$1500 ²	Up to \$2000 ²
Maximum number per Coverage Year	1	1	1
For Surgery performed as an Outpatient			
Per Surgery benefit limit	Up to \$1250 ²	Up to \$1500 ²	Up to \$2000 ²
Maximum number per Coverage Year	1	1	1
Administration of Anesthesia Benefit			
For anesthesia performed as an Inpatient			
Per administration amount	20% of the corresponding Surgery benefit	20% of the corresponding Surgery benefit	20% of the corresponding Surgery benefit
Maximum benefit per administration	\$200	\$200	\$200
For anesthesia performed as an Outpatient			
Per administration amount	20% of the corresponding Surgery benefit	20% of the corresponding Surgery benefit	20% of the corresponding Surgery benefit
Maximum benefit per administration	\$200	\$200	\$200
Outpatient Doctor Visits Benefit			
Established Patient per visit amount	\$75	\$75	\$75
Established Patient maximum visits per Coverage Year	7	7	8
Consultation per visit amount	\$100	\$100	\$100
Consultation maximum visits per Coverage Year	1	1	1

^{1.} Confinements for mental illness, alcoholism, and substance abuse are limited as shown in Description of Coverage

Coverage Year is Jan 1 to Dec 31. Benefits reset on Jan 1.

^{2. \$1} multiplied by the relative value unit for the specific Surgery noted on the Centers for Medicare and Medicaid Services (CMS) National Physician Fee Schedule Relative Value

Plan Benefits

COVERED SERVICES AND BENEFIT AMOUNTS	Standard	Select	Premium
Emergency Room Benefit			
For the treatment of a Sickness			
Per visit benefit	\$50	\$50	\$50
Maximum number of visits per Coverage Year	3	3	3
For the treatment of an Accident			
Per visit benefit	\$500	\$500	\$500
Maximum number of visits per Coverage Year	2	2	2
Diagnostic X-Ray & Laboratory Tests Benefit			
Per day benefit	\$75	\$75	\$75
Maximum number of days per Coverage Year	6	6	6
Specialty Diagnostic Radiology Tests Benefit			
Specialty radiology - MRI			
Per visit benefit	\$1,000	\$1,000	\$1,000
Maximum number of visits per Coverage Year	1	1	1
Specialty radiology - CT scan			
Per visit benefit	\$300	\$300	\$400
Maximum number of visits per Coverage Year	1	1	1
All other Specialty radiology			
Per visit benefit	\$50	\$50	\$100
Maximum number of visits per Coverage Year	1	1	1
Ambulance Benefit			
Ground Ambulance	NA		
Per trip benefit		\$300	\$300
Maximum number of trips per Coverage Year		1	1
Air Ambulance	NA		
Per trip benefit		\$300	\$300
Maximum number of trips per Coverage Year		1	1

Plan Benefits

COVERED SERVICES AND BENEFIT AMOUNTS	Standard	Select	Premium
Therapeutic and Rehabilitative Care Visits Benefit			
Per visit benefit	\$50	\$50	\$50
Maximum number of visits per Coverage Year	6	6	6
Home Health Care Benefit			
Per visit benefit	\$100	\$100	\$100
Maximum number of visits per Coverage Year	5	5	5
Wellness Care Visits Benefit			
Annual physical			
Per visit benefit	\$100	\$100	\$100
Maximum number of visits per Coverage Year	1	1	1
Electrocardiogram			
Per visit benefit	\$50	\$50	\$50
Maximum number of visits per Coverage Year	1	1	1
Stress Test			
Per visit benefit	\$200	\$200	\$300
Maximum number of visits per Coverage Year	1	1	1
Mammogram screening			
Per visit benefit	\$75	\$75	\$75
Maximum number of visits per Coverage Year	1	1	1
Routine Immunization benefit			
Per visit benefit	\$50	\$50	\$50
Maximum number of visits per Coverage Year	5	5	5

PrimeCare PPO Networks





- PrimeCare uses a Passive PPO Network. That means members receive the same benefit whether they use
 a network or non-network provider. Members can maximize their benefits by receiving services at a
 discounted rate from contracted network providers.
- Two provider networks to maximize savings First Health and First Access
- More than 6,400 hospitals, over 154,000 ancillary facilities; more than 1 million physicians and health care professionals with locations across all 50 states
- Using network doctors and hospitals stretches benefit dollars
- In-network doctors and hospitals have agreed to provide services at discounted rates out-of-pocket costs
 will be less
- Network doctors are carefully selected to promote quality outcomes
- No paperwork network doctors and hospitals file claims
- Online provider directory <u>pcproviderlookup.com</u> 866-531-4449 for personal assistance.





First Health Network Average Savings

Family Practice	60,000+	37%
Internal Medicine	65,000+	40%
Pediatrics	36,000+	32%
Radiology	35,000+	43%
Emergent/Urgent Care	22,000+	37%
Surgery	38,900+	52%

Top-Tier First Health Network Hospitals

Barnes-Jewish Hospital, St. Louis, MO

Brigham & Women's Hospital,

Boston Cedars-Sinai Medical Center, Los Angeles

Cleveland Clinic

Duke University Hospital, Durham, NC

Hospital of the University of Pennsylvania-Penn Presbyterian

Johns Hopkins Hospital, Baltimore, MD

Massachusetts General Hospital, Boston

Mayo Clinic, Phoenix, AZ

Mayo Clinic, Rochester, MN

Mount Sinai Hospital, New York

New York-Presbyterian Hospital, NY

Northwestern Memorial Hospital, Chicago

NYU Langone Medical Center, New York

Stanford Health Care-Stanford Hospital, CA

UCLA Medical Center, Los Angeles

UCSF Medical Center, San Francisco

University of Michigan Hospitals and Health Centers, Ann Arbor

UPMC Presbyterian Shadyside, Pittsburgh

First Access is a "wrap network" providing increased coverage with over 450,000 practitioners and 55,000 facilities with average savings of 22%.





NGL PrimeCare Out-of-Pocket Examples

Out-of-pocket costs are less with network providers

Example 1 – Doctor Office Visit

	Network Doctor	Non-network Doctor
Typical office visit	\$125.00	\$125.00
Provider discount	\$50.00	\$0.00
Total charge with discount applied	\$75.00	\$125.00
Plan pays	\$75.00	\$75.00
Your total responsibility	\$0.00	\$50.00

Example 2 – Hospital Stay

	Network Hospital	Non-network Hospital
Typical hospital visit*	\$10,400.00	\$10,400.00
Provider discount	\$3,328.00	\$0.00
Total charge with discount applied	\$7,072.00	\$10,400.00
Plan pays	\$6,000.00	\$6,000.00
Your total responsibility	\$1,072.00	\$3,400.00

Examples only. May not be specific to member's plan of benefits. *Consumer Health Ratings 2020 estimate for 4.1 inpatient days.





NGL PrimeCare Sample Rates and Commissions

Rates vary by state and age of primary applicant.

	Monthly Premiums			
Ages 18 – 39 (Primary)	Standard Select Premiu			
Member	\$191.74	\$218.34	\$257.97	
Member + Spouse	\$368.94	\$427.31	\$516.60	
Member + Child/Children	\$308.62	\$347.95	\$407.23	
Member + Family	\$485.81	\$556.92	\$665.86	
One-time \$25 application fee (or	One-time \$25 application fee (optional \$0.00)			

Commissions are level for the life of the policy. Commissions are paid weekly on new business and monthly on renewals.

Age bands are:

- Under 40
- 40 44
- 45 49
- 50 54
- 55 64





Approved States

Alabama	Kentucky	Oklahoma
Arizona	Louisiana	Oregon
Arkansas	Massachusetts	Pennsylvania
Delaware	Michigan	Rhode Island
Florida	Mississippi	South Carolina
Hawaii	Missouri	Tennessee
Georgia	Nebraska	Texas
Illinois	Nevada	Virginia
Indiana	North Carolina	West Virginia
Iowa	North Dakota	Wisconsin
Kansas	Ohio	Wyoming

The pre-appointment states are PA and WI

Red states are still pending.





Eligible Ages

Primary applicants

Ages 18 - 64 at time of application

- Dependent Children up to age 26
- No child-only plans
- Renewable to age 65
- No Health Questions
- No Social Security Number required





Exclusions & Limitations

Some exclusions are:

- Pre-Existing Conditions (first 12 months)
- intentionally self-inflicted injuries
- work-related Injury or Sickness
- eye examinations for glasses
- dental care or treatment
- hearing examinations / hearing aids

- cosmetic surgery
- care or treatment outside the US
- care provided by a family member
- outpatient care for mental or nervous disorders, alcoholism or substance abuse

^{*}Not a detailed explanation of exclusions. Please refer to the <u>policy certificate</u>.



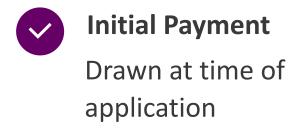


Enrollment



Options are the 1st or 15th of the month

- Must apply by 25th for 1st
- Must apply by 10th for 15th





Form of PaymentEFT, Visa, MasterCard, or Discover

- Permits both e-signature and voice verification file upload
- 30-day free look period with full refund
- 31-day grace period





Select a plan level.

Therapeutic and Rehabilitative Care Visits Benefit		-	
Per visit benefit	\$50	\$50	\$50
Maximum number of visits per Coverage Year	6	6	6
Home Health Care Benefit	•		
Per visit benefit	\$100	\$100	\$100
Maximum number of visits per Coverage Year	5	5	5
Wellness Care Visits Benefit	•		
Annual physical			
Per visit benefit	\$100	\$100	\$100
Maximum number of visits per Coverage Year	1	1	1
Electrocardiogram			
Per visit benefit	\$50	\$50	\$50
Maximum number of visits per Coverage Year	1	1	1
Stress Test			
Per visit benefit	1 Day	1 day	1 day
Maximum number of visits per Coverage Year	1	1	1
Mammogram screening			
Per visit benefit	\$75	\$75	\$75
Maximum number of visits per Coverage Year	1	1	1
Routine Immunization benefit			
Per visit benefit	\$50	\$50	\$50
Maximum number of visits per Coverage Year	5	5	5

Select

Select

Select

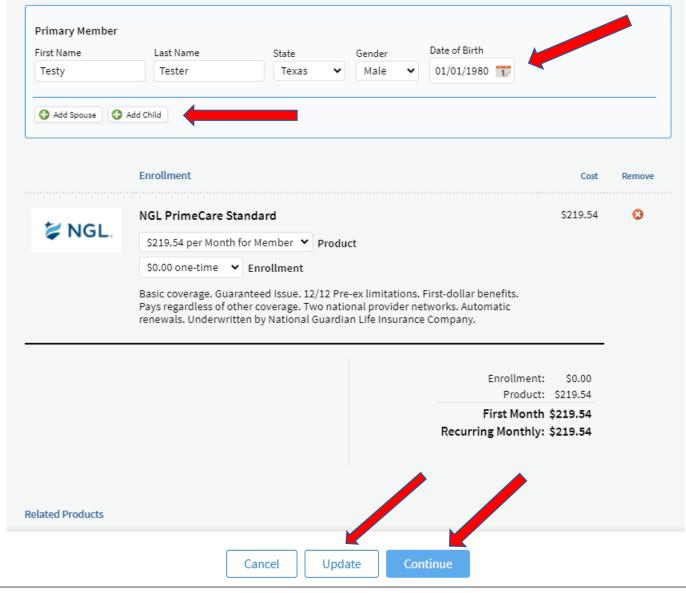




Enter first and last name. Select a state, gender and DOB.

Click **Update** to confirm plan level and reveal cost.

Then Continue.







Enter all member details and billing info in the application.

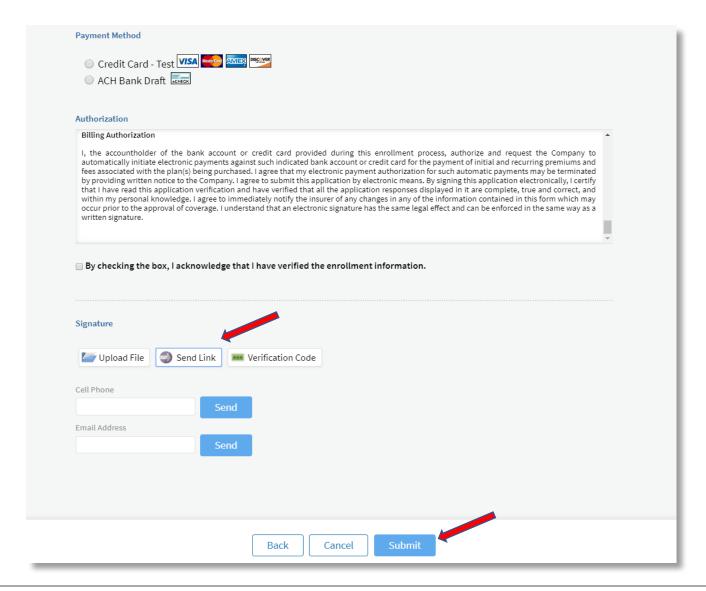
Member				Enrollment	
First Name	Super		*	∧NGI	
Middle Initial				El devel proph	
Last Name	Man		*	NGL PrimeCare Premiu	im \$344.78
				per Month for Member	\$344.78
Address				Enrollment one-time	\$25.00
Address			*	Post Date	~
Address 2				Effective Date	~
City			*		40.00 70
State	Texas 🗸 *			First Month	\$369.78
Zip Code		*		Recurring Monthly	\$344.78
	Verify Address				
Contact					
Phone Number]-[*		
Alternate Phone	-	-			
Email Address			*		
Attributes					
Date of Birth	Month 🗸	Day 🗸	Year 🗸 *		
Gender	*				
Payment Method					
O Credit Car	d VISA				
O ACH Bank					





Three Simple Verification Options

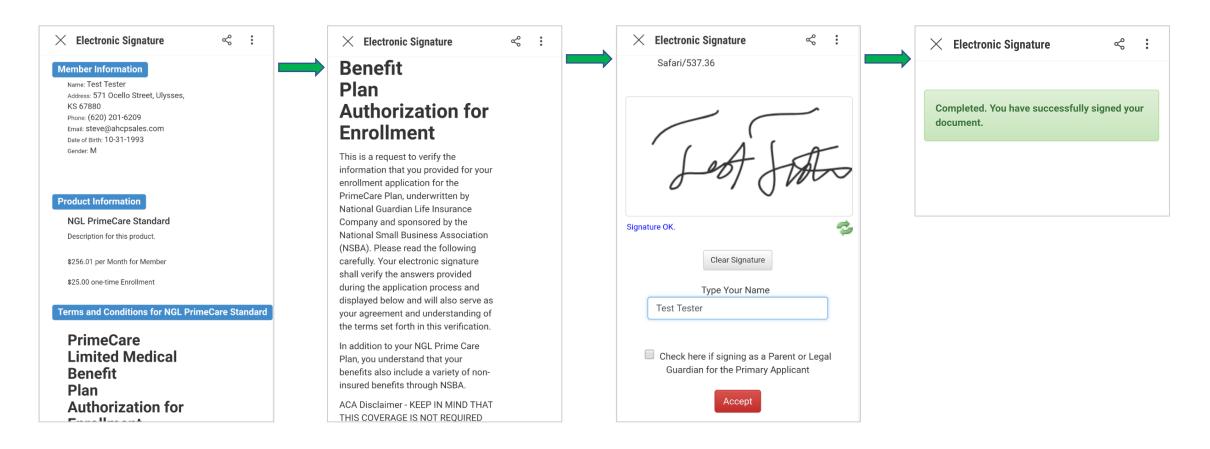
- Read and record voice verification and then upload the voice file.
- 2. Send a verification link via text or email
- 3. Read and record voice verification and then insert verification code







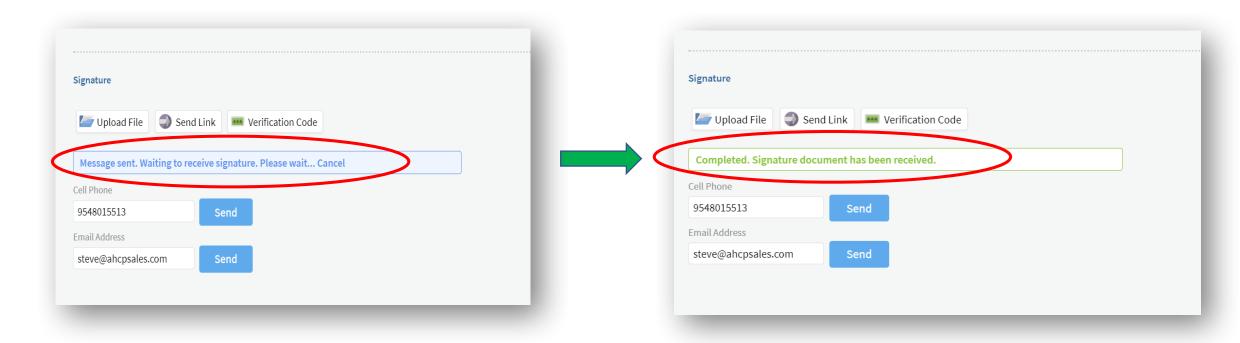
Simple Text Verification - Customer View on cell phone







Simple Text Verification - Agent View on Enrollment Screen







Important Contact Information

Benefits, Eligibility and Claims Customer Service: 480-776-5042

https://mbaadmin.com/contact-us/_

Select Member Services – Limited Medical

Provider Locator Assistance: 866-531-4449

Provider Locator Website: www.pcproviderlookup.com

NSBA Benefits: go to NSBA.net (Access Code is NSBA)

Member Services: 844-417-5080 ngl@AHCPsales.com

All claims with itemized bills including diagnosis, should be mailed to:

Merchants Benefit Administration, Inc.

Attn: MBA Limited Benefit Medical

PO BOX 1245

Elk Grove Village, IL 60007-1245





Broker Support



Contracting@AHCPsales.com

877-228-8773

