



NGL®

PrimeCare Plan

Underwritten by National Guardian Life Insurance Company

Exclusively available through



AHCP

America's Health Care Plan

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

AHCP is a wholly owned subsidiary of National General Holdings Corp.

FOR AGENT TRAINING USE ONLY. NOT FOR DISTRIBUTION TO CONSUMERS.

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

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

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

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 pcproviderlookup.com 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	Premium
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 (optional \$0.00)			

Age bands are:

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

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

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 [policy certificate](#).

Enrollment



Options are the 1st or 15th of the month

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



Initial Payment

Drawn at time of application



Recurring Payments

Same date every month



Form of Payment

EFT, 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

Enrollment Process

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



Enrollment Process

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

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

Then Continue.

Primary Member

First Name

Last Name

State

Gender

Date of Birth

Testy

Tester

Texas

Male

01/01/1980

Add Spouse

Add Child

Enrollment

NGL

NGL PrimeCare Standard

\$219.54

✕

\$219.54 per Month for Member

Product

\$0.00 one-time

Enrollment

Basic coverage. Guaranteed Issue. 12/12 Pre-ex limitations. First-dollar benefits. Pays regardless of other coverage. Two national provider networks. Automatic renewals. Underwritten by National Guardian Life Insurance Company.

Enrollment: \$0.00

Product: \$219.54

First Month \$219.54

Recurring Monthly: \$219.54

Related Products

Cancel

Update

Continue

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AHCP

America's Health Care Plan

Enrollment Process

Enter all member details and billing info in the application.

Member

First Name

Super

Middle Initial

Last Name

Man

Address

Address

Address 2

City

State

Texas

Zip Code

[Verify Address](#)

Contact

Phone Number

Alternate Phone

Email Address

Attributes

Date of Birth

Month



Day

Year


Gender

Payment Method


☐ Credit Card



☐ ACH Bank Draft



Enrollment



NGL PrimeCare Premium

Product per Month for Member

\$344.78

Enrollment one-time

\$25.00

Post Date

Effective Date

First Month

\$369.78

Recurring Monthly


\$344.78


Enrollment Process

Three Simple Verification Options

1. 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

Payment Method

☐ Credit Card - Test 

☐ ACH Bank Draft 

Authorization

Billing Authorization

I, the accountholder of the bank account or credit card provided during this enrollment process, authorize and request the Company to automatically initiate electronic payments against such indicated bank account or credit card for the payment of initial and recurring premiums and fees associated with the plan(s) being purchased. I agree that my electronic payment authorization for such automatic payments may be terminated by providing written notice to the Company. I agree to submit this application by electronic means. By signing this application electronically, I certify that I have read this application verification and have verified that all the application responses displayed in it are complete, true and correct, and within my personal knowledge. I agree to immediately notify the insurer of any changes in any of the information contained in this form which may occur prior to the approval of coverage. I understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature.

☐ By checking the box, I acknowledge that I have verified the enrollment information.

Signature

Cell Phone

Email Address

Simple Text Verification - Customer View on cell phone

Electronic Signature

Member Information

Name: Test Tester
Address: 571 Ocello Street, Ulysses, KS 67880
Phone: (620) 201-6209
Email: steve@ahcpsales.com
Date of Birth: 10-31-1993
Gender: M

Product Information

NGL PrimeCare Standard
Description for this product.

\$256.01 per Month for Member

\$25.00 one-time Enrollment

Terms and Conditions for NGL PrimeCare Standard

PrimeCare
Limited Medical
Benefit
Plan
Authorization for Enrollment

Benefit Plan
Authorization for Enrollment

This is a request to verify the information that you provided for your enrollment application for the PrimeCare Plan, underwritten by National Guardian Life Insurance Company and sponsored by the National Small Business Association (NSBA). Please read the following carefully. Your electronic signature shall verify the answers provided during the application process and displayed below and will also serve as your agreement and understanding of the terms set forth in this verification.

In addition to your NGL Prime Care Plan, you understand that your benefits also include a variety of non-insured benefits through NSBA.

ACA Disclaimer - KEEP IN MIND THAT THIS COVERAGE IS NOT REQUIRED

Safari/537.36

Signature OK.

Clear Signature

Type Your Name

Test Tester

☐ Check here if signing as a Parent or Legal Guardian for the Primary Applicant

Accept

Completed. You have successfully signed your document.

Simple Text Verification - Agent View on Enrollment Screen

Signature

Upload File Send Link Verification Code

Message sent. Waiting to receive signature. Please wait... Cancel

Cell Phone

9548015513 Send

Email Address

steve@ahcpsales.com Send



Signature

Upload File Send Link Verification Code

Completed. Signature document has been received.

Cell Phone

9548015513 Send

Email Address

steve@ahcpsales.com Send

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