

METAL GAP

Producer Guide (SSL)



Metal Gap 2 (SSL) Producer Guide



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Intro

This guide is designed to give you basic information regarding appointment and contracting, compensation, coverage, eligibility, application submission and claims for the **Metal Gap 2** product. It is not intended to provide full details. Provisions, benefits, exclusions and limitations may vary by state. Refer to the certificate of coverage, schedule of benefits, along with amendatory endorsements and riders for additional information.

Partners

About The IHC Group

Independence Holding Company (NYSE: IHC) is a holding company that is principally engaged in underwriting, administering and/or distributing group and individual specialty benefit products, including disability, supplemental health, pet, and group life insurance through its subsidiaries since 1980. The IHC Group owns three insurance companies (Standard Security Life Insurance Company of New York, Madison National Life Insurance Company, Inc. and Independence American Insurance Company), and IHC Specialty Benefits, Inc., a technology-driven insurance sales and marketing company that creates value for insurance producers, carriers and consumers (both individuals and small businesses) through a suite of proprietary tools and products (including ACA plans and small group medical stop-loss). All products are placed with highly rated carriers.

About Standard Security Life Insurance Company of New York

Standard Security Life was founded in 1958, and is domiciled in the State of New York and headquartered in New York City. It is licensed in all 50 states, the District of Columbia, the Virgin Islands, and Puerto Rico. Standard Security Life provides various lines of life, health and disability insurance, including: employer medical stop-loss, disability benefit law (DBL), short-term medical, group major medical, individual and group dental and vision, individual accident and health insurance, group term life, specialty programs designed for volunteer emergency service personnel, including group life insurance and service awards programs. Standard Security Life is rated A- (Excellent) by A.M. Best Company, Inc., a widely recognized rating agency that rates insurance companies on their relative financial strength and ability to meet policyholder obligations (an A++ rating from A.M. Best is its highest rating).

Becoming an IHC Producer

- Appointment

In order to begin selling products available through The IHC Group, you must be recommended through a general agent or IHC sales representative. In addition to becoming your point of contact for sales, service and training, this individual will assist you in determining contracting and appointment rules for the state(s) in which you do business.

You must have a current life/health license for each state in which you do business, be in good standing with the Department of Insurance, and not have been convicted of a felony involving moral turpitude. If commissions are paid to an agency, some states require that the agency be licensed as well as the individual agent. Upon submission of your first case, provide your general agent or sales representative with the following properly completed, signed and dated documents:

- Producer Application
- Copies of current individual license(s) for each state you plan to write business in
- A copy of your Agency license if commissions are to be assigned to the Agency

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- IHC Producer Agreement – ***signed and dated***
- Commission schedule – no signature required, however, must be returned with the Producer Agreement to ensure accurate commission payment
- Direct Deposit Authorization form with copy of blank voided check – ***signed and dated***

If you have requested an appointment without the submission of new business, we will not process your appointment request until new business is submitted. Please be advised that we will keep your appointment paperwork on file for 90 days from date of submission; so we encourage you to submit new business as soon as possible to finalize the appointment process.

You will be notified when the insurance carrier appointment is completed and will be sent a copy of your executed Producer's Agreement. Until the insurance company completes your appointment, IHC Group may hold any commissions that are due.

- Commissions

In order to begin selling products available through The IHC Group, you must be recommended through a general agent or IHC sales representative. In addition to becoming your point of contact for sales, service and training, this individual will assist you in determining contracting and appointment rules for the state(s) in which you do business.

You must have a current life/health license for each state in which you do business, be in good standing with the Department of Insurance, and not have been convicted of a felony involving moral turpitude. If commissions are paid to an agency, some states require that the agency be licensed as well as the individual agent. Upon submission of your first case, provide your general agent or sales representative with the following properly completed, signed and dated documents:

- Producer Application
- Copies of current individual license(s) for each state you plan to write business in
- A copy of your Agency license if commissions are to be assigned to the Agency
- IHC Producer Agreement – ***signed and dated***
- Commission schedule – no signature required, however, must be returned with the Producer Agreement to ensure accurate commission payment
- Direct Deposit Authorization form with copy of blank voided check – ***signed and dated***

- Online Portal

The online agent portal is a valuable resource that allows agents to access compensation, download forms, review reports and statements, and much more. Unique sales URL's can also be found within the agent portal. Visit <http://www.myihcgroup.com> to access the website. Contact your IHC sales representative for your website and log-in information.

Plan Overview

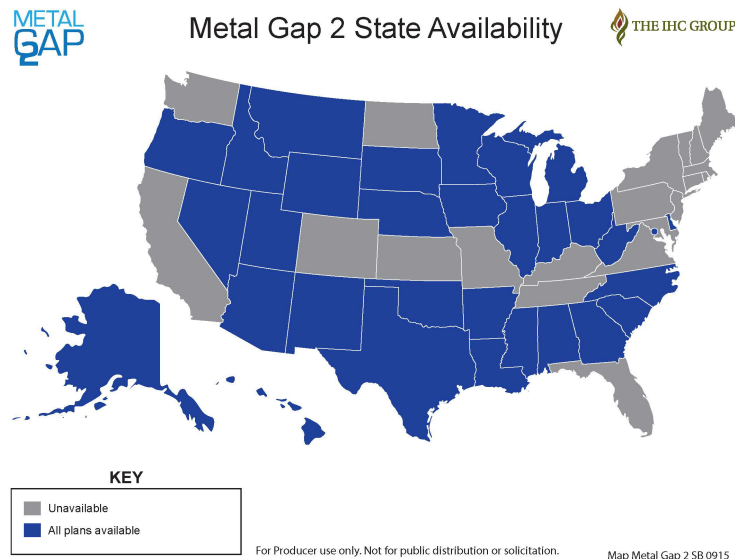
For plan overview, please refer to the [Metal Gap 2 SSL Brochure](#).

Exclusions

For a full list of benefit exclusions, please refer to the [Metal Gap 2 SSL Brochure](#).

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State Approvals



New Business Process

- Eligibility

Metal Gap 2 is available to the primary applicant up to age 64, his or her spouse age 18 to 64 and dependent children under the age of 26. A child-only plan is available for children age 2, up to age 18.

- Quoting and Enrollment

To begin the quoting and enrolling process, go to www.myihcgroup.com and login using your 7 digit agent number.

Home

About Us

Contact Us


Welcome to Your Benefits Management

Producers/Agents

- Check pending cases
- View performance reports
- Get product materials
- Quoting and enrollment tools
- [Become a contracted producer](#)

Producer/Agent Login

User ID:



Password:

☐ Remember me on this computer

Not yet registered? [register](#)

Forgot password? [click here](#)

This will bring you to the dashboard. You can see the list of products under **Quoting and Enrollment**:

Home About Us Contact Us

Welcome **Hailey Schantzen (9900435)**

Helpful Links

Agent Connectivity Tools (ACT)
<ul style="list-style-type: none"> Download Forms
Health eDeals At Work
Quoting and Enrollment
<ul style="list-style-type: none"> CA Premier Care Access Plan Critical Illness Dental for Individuals and Families Flexident Dental Group Gap Metal Gap Metal Gap 2 Rx Pay Card Short Term Medical Simplified Funding Concepts Telemedicine

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Select **Metal Gap 2**. This will bring you to the **Product Landing** page.

Home About Us Contact Us Careers Logout

Helpful Links

Marketplace Tools

- Products
- Activity Reports - Individual
- Activity Reports - Group

Dental for Individuals and Families

Dental

Compare Plans and Enroll ⓘ

Email Link to Client ⓘ

Care Access Plan

HIP2

Compare Plans and Enroll ⓘ

Email Link to Client ⓘ

Group Gap

Small Group

Quote Plans ⓘ

Metal Gap

Metal Gap

Compare Plans and Enroll ⓘ

Email Link to Client ⓘ

Metal Gap 2

Metal Gap 2

Compare Plans and Enroll ⓘ

Email Link to Client ⓘ

Rx Pay Card

RxPayCard

Compare Plans and Enroll ⓘ

Email Link to Client ⓘ

Telemedicine

Telemedicine

Compare Plans and Enroll ⓘ

Email Link to Client ⓘ

Temporary Health Insurance/STM

Short Term Medical

Compare Plans and Enroll ⓘ

Email Link to Client ⓘ

Home | About Us | Contacts

[Privacy Policy and Terms of Use](#)

Go to Metal Gap 2 and click **Compare Plans and Enroll**. This brings you to the corresponding quoting page:

Hailey Schantzen 0000000000 Hailey.Schantzen@ihcgroup.com

Metal Gap 2

Metal Gap 2: Economical, easy, enrollment-friendly gap insurance

Even with an Obamacare health insurance plan, the financial impact of an accident or serious illness can strain your budget. Metal Gap 2 from The IHC Group provides payments, made directly to you, when a covered critical illness or accident occurs.

Because the payment is sent directly to you, it can be used to pay for your health plan's deductible or other cost-sharing, or for everyday expenses such as rent, a mortgage, a car payment or credit card bills. And just like your Obamacare plan, Metal Gap 2 is a guarantee issue plan, meaning you cannot be turned down for coverage based on your health history.

These products are not qualifying health coverage ("Minimum Essential Coverage") that satisfies the health coverage requirement of the Affordable Care Act. If you don't have Minimum Essential Coverage, you may owe an additional payment with your taxes. The termination or loss of this policy does not entitle you to a special enrollment period to purchase a health benefit plan that qualifies as minimum essential coverage outside of an open enrollment period. These products may include a pre-existing condition exclusion provision.

Get a Quote

* Required

* ZIP Code

#####

* Effective Date

5/27/2017

Applicant

* Date of Birth:

mm/dd/yyyy

* Gender

Male / Female

Additional people to include on the policy

+ Add Spouse

+ Add Child

Submit

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Enter your client's demographics (zip code, effective date, date of birth, gender and spouse or children information) and click **Submit**.

This will bring you to the list of plans available to that individual:

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Current Plan Details

Applicant:
Applicant (Female/25)
State/Zip: MN/55423
Payment: Monthly
[Change your Information](#)
[New Quote](#)

Effective Dates:
Metal Gap 2: 5/27/2017

All Available Plans

MG35 Plan Details \$13.49*

Supplemental Accident	Accidental Death and Dismemberment	Critical Illness	\$13.49* per month
\$3500	\$3500	\$7500	

Complete your coverage with other supplemental products
☐ RX Paycard ⓘ \$19.99 /mo. ☐ Telemedicine ⓘ \$12.50 /mo.
*Plus a \$25.00 one-time enrollment fee

[Apply](#)
[Save](#)
[Email](#)

MG65 Plan Details \$18.28*

Supplemental Accident	Accidental Death and Dismemberment	Critical Illness	\$18.28* per month
\$6500	\$6500	\$7500	

Complete your coverage with other supplemental products
☐ RX Paycard ⓘ \$19.99 /mo. ☐ Telemedicine ⓘ \$12.50 /mo.
*Plus a \$25.00 one-time enrollment fee

[Apply](#)
[Save](#)
[Email](#)

Under each plan, you have the option to bundle with Rx Paycard and Telemedicine. Select the desired plan as well as any bundled products and click **Apply**.

This brings you to the **Applicant Details** page. Fill out the page with your client's information. Then click **Continue**.

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Current Plan Details

Applicant:
Applicant (Female/25)
State/Zip: MN/55423
Payment: Monthly
[Change your Information](#)
[New Quote](#)

Effective Dates:
Metal Gap 2: 5/27/2017

1 Applicant Details2 Eligibility3 Review and Acknowledge4 Secure Payment Center

Applicant Details
* required fields

Applicant

* Name

First NameMILast Name

Date of Birth

04/09/1992

Occupation

* Gender

☐ Male/☒ Female

* Marital Status

☐ Married☒ Single

Social Security Number

###-##-####

Contact Information

* Address1

Address2

* CityState* ZIP code

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The next page is **Eligibility**. Enter beneficiary information accurately and click **Continue**.

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Current Plan Details

Applicant:
Applicant (Female/25)
State/Zip: MN/55423
Payment: Monthly
[Change your Information](#)
[New Quote](#)

Effective Dates:
Metal Gap 2: 5/27/2017

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Eligibility

Please answer the following eligibility questions before you begin.

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*required fields

Eligibility

* Name of Beneficiary

* Relationship

<< Back

Information is saved each time you click continue

Email Application

Continue >>

The next page is **Review and Acknowledge**. Here you will electronically sign your clients name acknowledging they agree to the products they are enrolling in. Sign for each product and click **Continue**.

Hailey Schantzen0000000000Hailey.Schantzen@ihcgroup.com

Current Plan Details

Applicant:
Applicant (Female/25)
State/Zip: MN/55423
Payment: Monthly
[Change your Information](#)
[New Quote](#)

Effective Dates:
Metal Gap 2: 5/27/2017

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Review and Acknowledge

* required fields

Please review your application to verify that the information provided is accurate. The application will open in a new window for review. Once review is complete, close the application window, verify that you accept and understand the terms and disclaimers below, and complete the electronic signature.

Metal Gap 2

Application for Review

By signing this Application I understand and agree that:

I hereby request coverage and understand that if the coverage applied for becomes effective, I agree to all terms of the policy to be issued by the Carrier.

I understand that the producer, if applicable, who solicited this application was acting as an independent contractor and not as an agent of the Carrier. I further acknowledge that the person who solicited this application and upon whose explanation of benefits, limitations or exclusions I relied, was retained by me as my agent, and that such person has no right to bind or approve coverage or alter any of the terms or conditions of the policy.

I understand that my application is subject to acceptance by the Carrier or its authorized administrator.

I understand that I have 10 days to review my coverage and request cancellation of this coverage. I will receive a refund of my premiums only. Any administrative, enrollment, or processing fees will not be refunded.

I have read or have read to me the completed application and understand all statements and agree and certify that to the best of my knowledge and belief, they are true, complete and correctly recorded.

* Signature of Applicant

Next

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Finally, this brings you to the **Secure Payment Center**. Here you have the option to pay by Bank Draft or with a Credit or Debit Card.

Hailey Schantzen0000000000Hailey.Schantzen@ihcgroup.com

Current Plan Details

Applicant:

Applicant (Female/25)

State/Zip: MN/55423

Payment: Monthly

Change your Information

New Quote

Effective Dates:

Metal Gap 2: 5/27/2017

1 Applicant Details2 Eligibility3 Review and Acknowledge4 Secure Payment Center

Secure Payment Center

* required fields

Initial Payment Due:\$38.49

Initial payment equals your monthly premium plus a one-time enrollment fee. Each product is charged separately for the initial payment and any ongoing monthly charges. Your charges will reflect separate transactions in your bank statement.

Metal Gap 2

Monthly Cost:\$13.49

Premium:\$13.49

One Time Enrollment Fee:\$25.00

Total Cost:\$13.49

Payment Method

* Please select a payment method below and complete the account information

☐ Bank Draft☐ Credit Card

Enter your clients desired payment information. Then sign for each product. You will now finalize the enrollment by clicking **Complete Purchase**.

<< Back

Email Application

Complete Purchase >>

Each page automatically saves information. You can use the **Back button at any time.*

- Effective Date of Coverage

- 1st-7th effective date - debits on the 1st
- 8th-14th effective date - debits on the 8th
- 15th-21st effective date - debits on 15th
- 22nd -31st effective date - debits on 22nd

- Billing Modes

Metal Gap 2 offers monthly premium payments using credit card or automatic bank withdrawal.

- Billing Date

After your initial payment, your subsequent monthly credit card or bank account payment deductions will occur based on the effective date of coverage.

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- Grace Period

After payment of the first premium, IHC will allow a grace period of 31 days following the premium due date to pay subsequent premiums. Charges incurred during the grace period are not covered unless the premium due is paid by the end of the grace period. The payment of any premium will not keep the coverage in force beyond the due date of the next premium. If the premium due is not paid by the end of the grace period, then coverage will lapse as of the due date.

- Termination of Coverage

Coverage ends on the earliest of the date: the premium is not paid when due; you enter full-time active duty in the armed forces; or Standard Security Life determines intentional fraud or material misrepresentation has been made in filing a claim for benefits. A dependent's coverage ends on the earliest of the date: your coverage terminates; the dependent becomes eligible for Medicare; or the dependent ceases to be eligible.

Coverage will not terminate until the customer has requested to do so or the premium is not paid when due; you enter full-time active duty in the armed forces; or Standard Security Life determines intentional fraud or material misrepresentation has been made in filing a claim for benefits. A dependent's coverage ends on the earliest of the date: your coverage terminates; the dependent becomes eligible for Medicare; or the dependent ceases to be eligible.

Claims

- Claim Forms

Claim forms can be found at www.MyIHCGroup.com or by calling 866-336-0818.

- Notice of Claim

Written notice of claim must be given within 90-days after the date on which the claim was incurred or no later than one year from the date on which the charges are incurred unless the covered person is legally incapacitated. The date on which the charges are incurred is the date on which the services or supplies were provided. The notice should include the covered person's name and policy number.

- Submitting a Claim

The back of the ID card has instructions on where to electronically send claims.

- Timeline

We will make payment promptly upon receipt of due written proof of loss.

- Payment of Claims

Payment will be made directly to the insured or the provider of the service, as directed by insured in writing at the time of submitting proof of loss. If insured is deceased or, in our opinion, incapable of giving a valid receipt for payment and if no claim has been made by a duly-appointed legal representative, we shall have the option of making payment to either (1) the Hospital or the person who actually incurred the loss for which payment is due; or (2) Your surviving relative. Such a payment shall discharge IHC from all further liability to the extent of the payment made.

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10-Day Right-to-Return Period

If you are not completely satisfied with your coverage and have not filed a claim, you may send a written request to decline your insurance coverage within 10 days of purchase and receive a refund of premium and fees.

Contacts

Administrative and Billing Customer Service

Phone: 800-397-5800

Email: newpolicyServices@ebix-hae.com

Claims and Benefits Customer Service

Phone: 866-336-0818

Email: ihc.claims@ebix-hae.com

Administrative and Billing

Fax: 815-633-0277

Mailing Address

Ebix Health Administration Exchange, Inc.

PO Box 15250

Loves Park, IL 61132-5250