## **SENIOR PRODUCTS - 2022**

#### For agent use only. Not for distribution to customers.

National General Accident and Health markets products underwritten by National Health Insurance Company, Integon National Insurance Company, and Integon Indemnity Corporation.







- National General traces its roots back to 1939
- Solution State State
- Underwriting companies rated A+ (Superior) from A.M. Best
- Industry leading technology
- Broad portfolio of simplified sales solutions

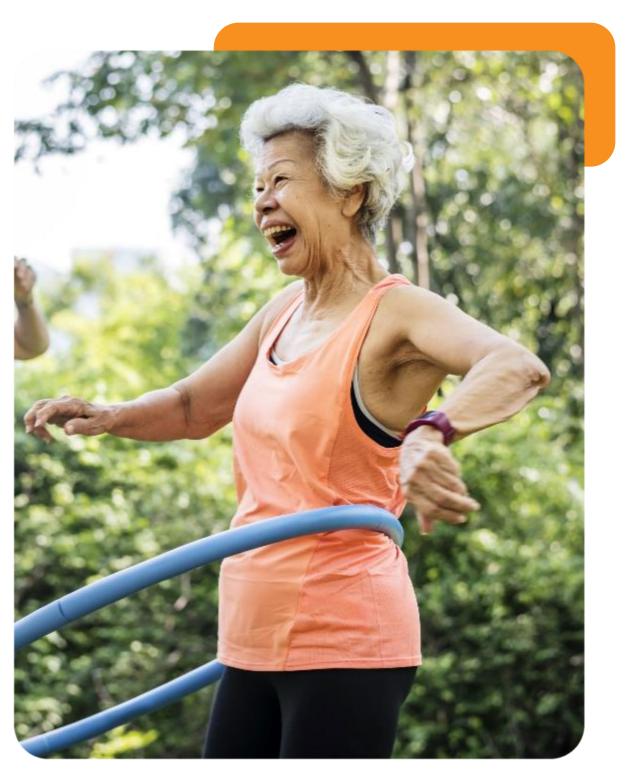






### Why NatGen MedSupp Multi-Discount Plan Launching 2/2022

- Multi-Discounts
  - Stackable discounts, up to 25% in savings
- Increased commissions
- Easy online signature methods; Security Question, Electronic Signature, & Voice-sign
- InstaDecision E-app / Instant ID cards



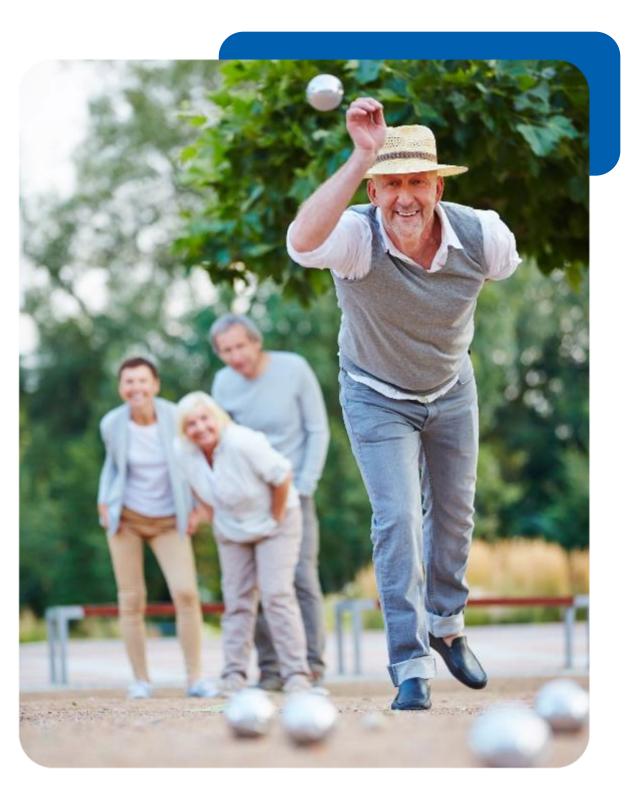


## NatGen MedSupp Multi-Discounts

- Roommate HHD<sup>1</sup> 7%
  - Offered to those residing with someone 50+ y/o for 1+ years (max 3 residents)
- Dual Applicant Discount 10%
  - When 2 people in the same residence <u>apply</u> for MedSupp at the same time (7% roommate + 3% dual-applicant)
- Annual Pay Discount 10%
  - Select Annual payment for a 10% discount on the premium
- Activity-Tracker Discount 5%
  - Register your Fitbit/Apple Watch or other wearable fitness device and save 5%

<sup>1</sup>Some states require the other adult to also have an active National General Accident & Health Medicare Supplement policy (underwritten by National Health Insurance Company, Integon National Insurance Company, or Integon Indemnity Corporation), or is applying for such policy to qualify for the household discount. Please ask your agent for details.

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### NatGen MedSupp Preferred Select

### Preferred Select

- Reward your healthy clients with the best rate available from NatGen
- Two Qualifications:
  - 1. Height/Weight table / No tobacco
  - One additional medical question:
    Within the last 5 years, has medication been prescribed or recommended for Depression?

Height
4'2"
4'3"
4'4"
4'5"
4'6"
4'7"
4'8"
4'9"
4'10"
4'11"
5'0"
5'1"
5'2"
5'3"
5'4"
5'5"
5'6"
5'7"
5'8"
5'9"
5'10"
5'11"
6'0"
6'1"
6'2"
6'3"

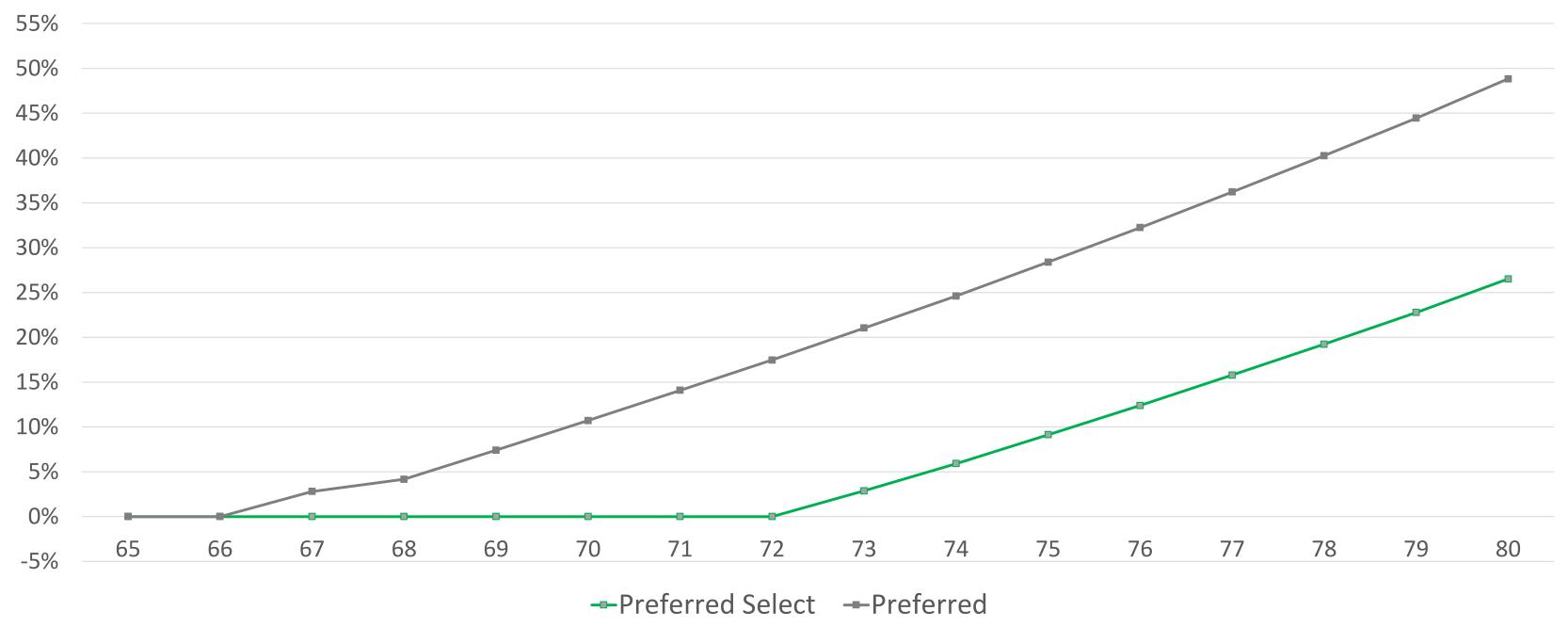
Height/Weight Chart

		0		
Decline	Preferred Select	Preferred	Standard	Decline
< = 65	66-107	108-125	126-143	> = 144
< = 68	69-111	112-130	131-148	> = 149
< = 71	72-115	116-135	136-154	> = 155
< = 73	74-119	120-140	141-160	> = 161
< = 76	77-124	125-146	147-166	> = 167
< = 79	80-128	129-151	152-173	> = 174
< = 82	83-133	134-157	158-179	> = 180
< = 85	86-138	139-162	163-185	> = 186
< = 88	89-143	144-168	169-192	> = 193
< = 91	92-148	149-174	175-199	> = 200
< = 94	95-153	154-180	181-205	> = 206
< = 97	98-158	159-186	187-212	> = 213
< = 101	102-163	164-192	193-219	> = 220
< = 104	105-168	169-198	199-226	> = 227
< = 107	108-174	175-204	205-234	> = 235
< = 111	112-179	180-211	212-241	> = 242
< = 114	115-185	186-217	218-248	> = 249
< = 118	119-190	191-224	225-256	> = 257
< = 121	122-196	197-231	232-264	> = 265
< = 125	126-202	203-238	239-271	> = 272
< = 128	129-208	209-244	245-279	> = 280
< = 132	133-214	215-251	252-287	> = 288
< = 136	137-220	221-259	260-295	> = 296
< = 140	141-226	227-266	267-304	> = 305
< = 144	145-232	233-273	274-312	> = 313
< = 148	149-239	240-281	282-321	> = 322
-	-	-		





Cumulative Attained Age Increases by Year

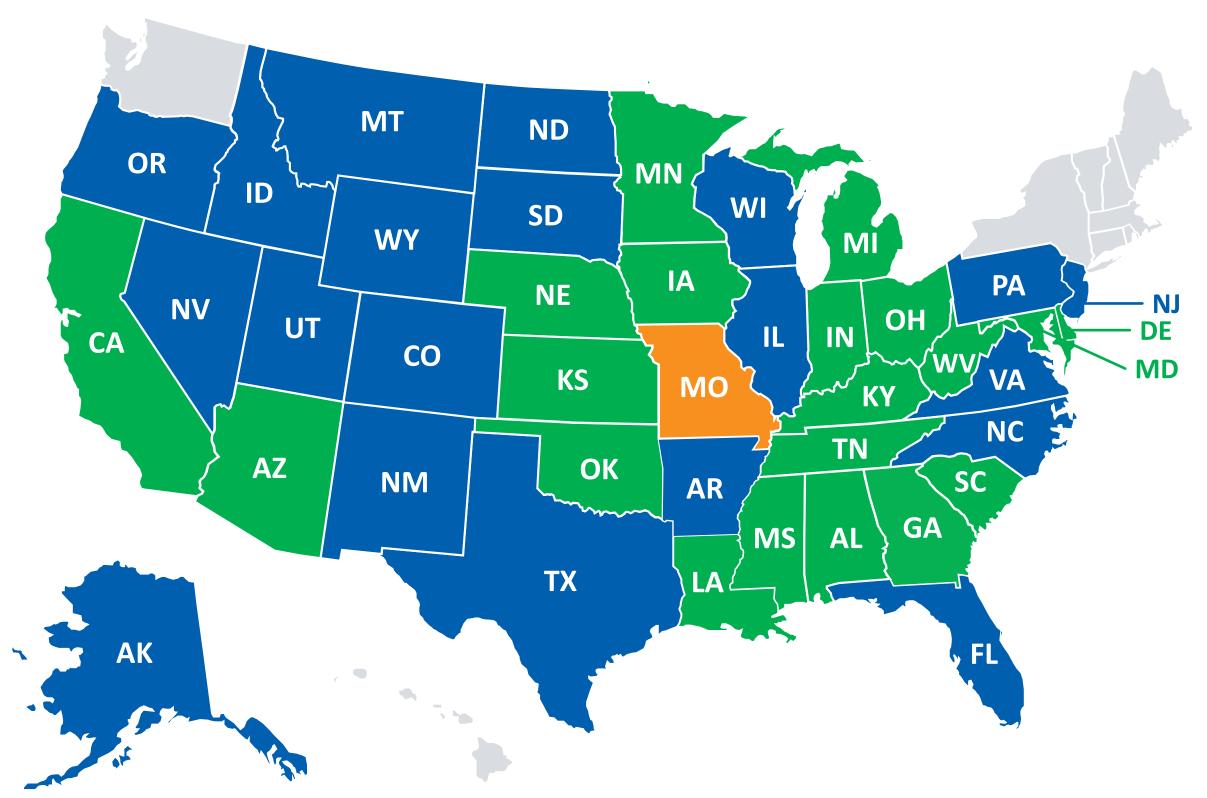


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- Blue Existing States
- ► Green 2/1 States (4/1 Eff)
- Orange 3/1 States (5/1 Eff)
  - Preferred Select is not available in OH, CA, & MN
  - Activity Tracker Discount is not available in OH





## Amplifon Hearing Care®

### Manplifon Hearing Health Care.

- Amplifon Hearing Care<sup>®</sup> Network
  - ► 5,000 providers nationwide<sup>1</sup>
  - \$75 hearing evaluation at one of 5,000 NCQAcredentialed provider locations
    - Free evaluations at Miracle-Ear<sup>®</sup> locations
  - Hearing aides starting at \$695
    - 64% average savings on MSRP for hearing aids<sup>1</sup>
    - Includes all major brands and technology levels
- Other services:
  - 1 year of free follow-up care
  - 2 years of free batteries<sup>2</sup>
  - ► 3-year warranty with loss and damage protection<sup>3</sup>

<sup>1</sup>Based on Amplifon<sup>®</sup> network internal data. | <sup>2</sup>Amplifon offers a price match on most hearing devices. Some exclusions apply.

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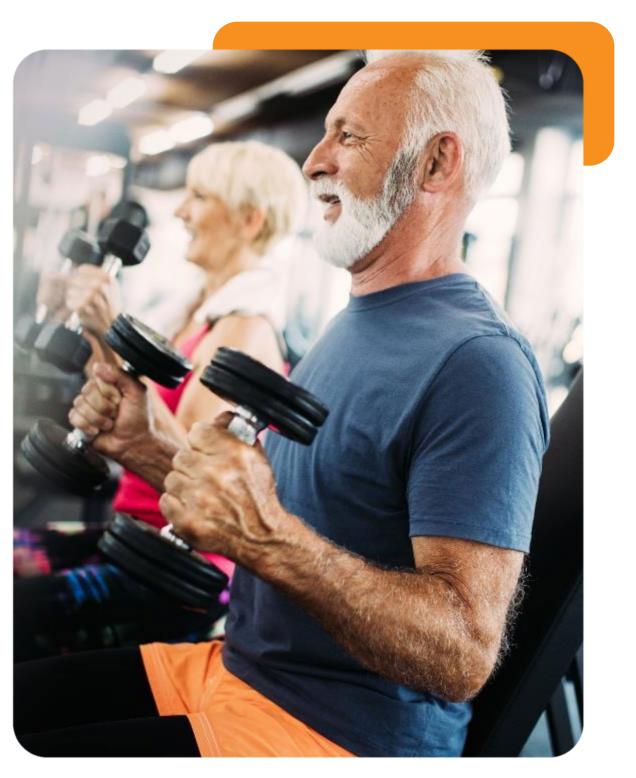




### Active & Fit Direct™

- Complimentary discount program that includes:
  - Access to 800+ on-demand fitness videos
  - Choose from 10,000+ fitness centers for just \$25/month<sup>1</sup>
    - No long-term contract
    - Change fitness centers any time at no additional cost
  - Activity tracking that is compatible with 250+ wearable fitness devices, apps, and exercise equipment

<sup>1</sup>*Plus applicable taxes and enrollment fee.* 







## SR. DENTAL VISION HEARING

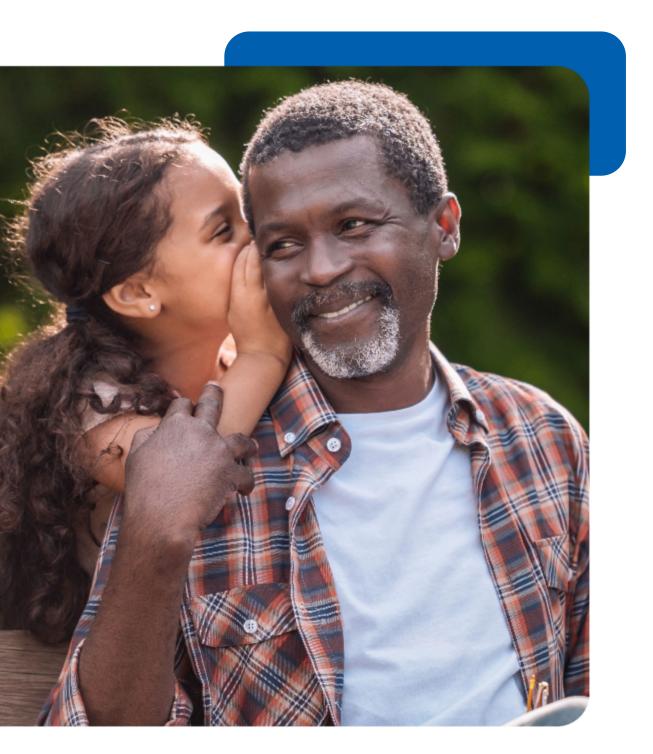


### Senior Dental/Vision

### Oental Vision Hearing:

- Optional/Passive Aetna Network
- ► Up to 25% Day 1 Major Services
- ► Up to 100% Basic coverage
- Denture repairs covered under "Basic" benefit
- Full-mouth X-ray covered as "Preventive"

<sup>2</sup>Denture coverage available with Level Two and Level Three plans only. Implant coverage available with Level Three only.





### Senior Dental/Vision

### Oental Discounts:

- 10% Preferred discount
  - Has any applicant had a filling, crown, root canal, dentures, or implants within the last 12 months?
- 10% bundling discount
  - Available when Dental plan is paired with either MedSupp OR Sr. Indemnity on the same application (online enrollments)

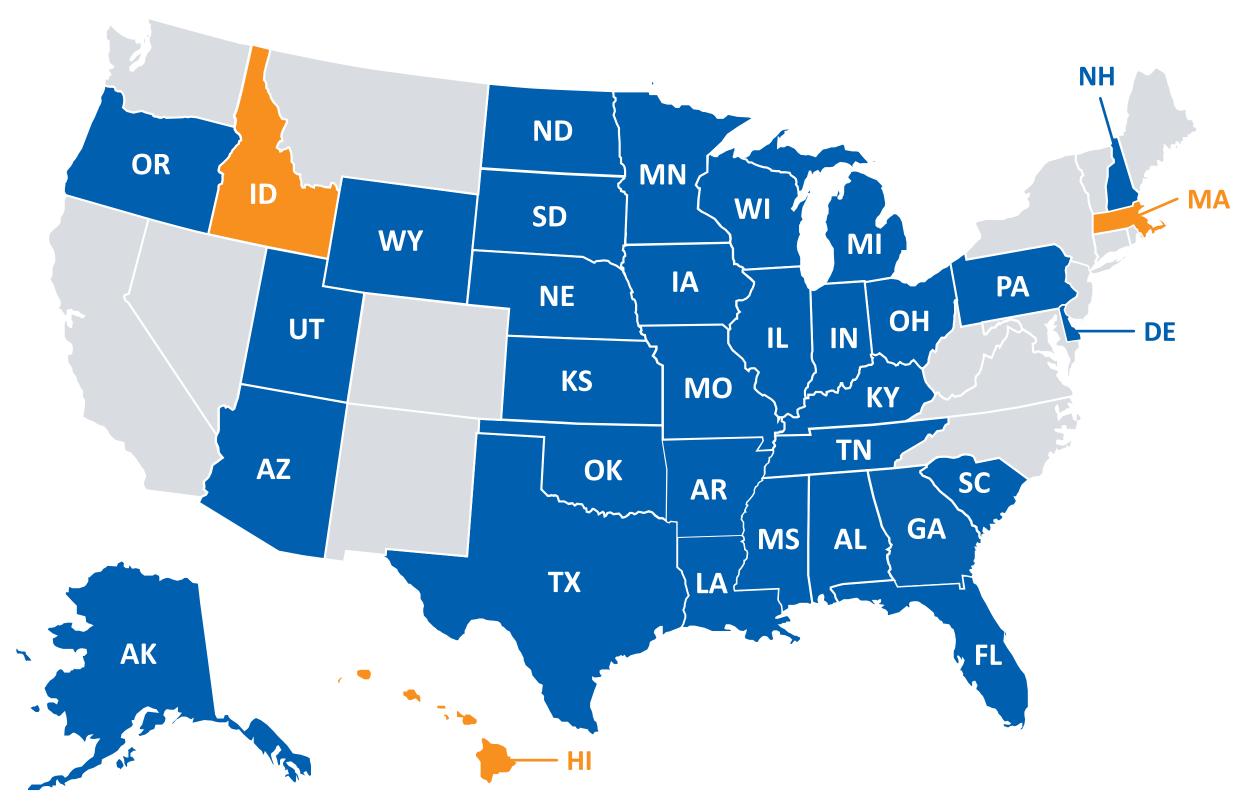








- Blue Currently offered
- Orange Coming
  3/25/2022







Benefits	Level One	Level Two	Level Three
Annual Deductible	Individual: \$50 <sup>1</sup> Family: \$150 (Out-of-Network: \$100/\$300)	Individual: \$50 <sup>1</sup> Family: \$150 (Out-of-Network: \$100/\$300)	Individual: \$50 <sup>1</sup> Family: \$150 (Out-of-Network: \$100/\$300)
Preventive Services	100% (Out-of-Network: 100% after ONN deductible)	100% (Out-of-Network: 100% after ONN deductible)	100% (Out-of-Network: 100% after ONN deductible)
Basic Services	Day 1: 25% Year 2+: 50%	Day 1: 25% Year 2+: 50%	Day 1: 50% Year 2+: 100%

*Note: PLANS PROVIDE LIMITED BENEFITS.* | <sup>1</sup>\$50 *deductible does NOT apply to in-network preventive services.* 





Benefits	Level One	Level Two	Level Three
Major Services	Not covered	Day 1: 25% Year 2+: 50%	Day 1: 25% Year 2+: 50%
Dentures	Not covered	Day 1: 25% Year 2+: 50%	Day 1: 25% Year 2+: 50%
Implants	Not covered	Not covered	Day 1: 25% Year 2+: 50%
Annual Maximum (per member)	Day 1: \$750 Year 2+: \$1,500	Day 1: \$1,000 Year 2+: \$2,000	Day 1: \$1,500 Year 2+: \$3,000

**Note:** PLANS PROVIDE LIMITED BENEFITS.

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# 

- Aetna Dental<sup>®</sup> Administrators Network
  - Over 89,000 providers<sup>1</sup>
  - Average discount of 43.5%<sup>2</sup>
  - True PPO

<sup>1</sup>According to NISS Web System as of March 2020. | <sup>2</sup>Based on Aetna network internal data.

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Benefits	Level 1
Eye Exams	Frequency: 12 months Copay: \$15 (Out-of-Network: Up to \$35)
Frames	Frequency: 24 months Copay: \$130 (Out-of-Network: Up to \$70)
Lenses	Frequency: 24 months Copay: \$25 (Out-of-Network: n/a)

**Note:** PLANS PROVIDE LIMITED BENEFITS.

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### Level 2

Frequency: 12 months Copay: \$10 (Out-of-Network: Up to \$35)

Frequency: 12 months Copay: \$200 (Out-of-Network: Up to \$70)

Frequency: 12 months Copay: \$25 (Out-of-Network: n/a)





Lens Package	Level 1
Youth & Adult Polycarbonate	Yes (Out-of-Network: Not covered)
Scratch-Resistant Coating	Discount (Out-of-Network: Not covered)
UV Protection	<b>Discount</b> (Out-of-Network: Not covered)
Tinted Lenses	Discount (Out-of-Network: Not covered)
Anti-Reflective Coating	Discount (Out-of-Network: Not covered)
Adaptive Tinting	Discount (Out-of-Network: Not covered)

**Note:** PLANS PROVIDE LIMITED BENEFITS.

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### Level 2

#### Yes

(Out-of-Network: Not covered)

#### Discount

(Out-of-Network: Not covered)

#### Discount

(Out-of-Network: Not covered)





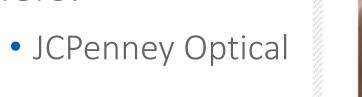


### Avēsis<sup>®</sup> Vision Network

- Over 80,000 access points<sup>1</sup>, including the following major retailers:
- America's Best<sup>™</sup>
  Costco<sup>®</sup>
  - Wholesale
- Pearle Vision<sup>®</sup>
- Visionworks<sup>®</sup>
- Sam's Club<sup>®</sup> Target<sup>®</sup> Optical Optical
- Walmart<sup>®</sup> Vision Center

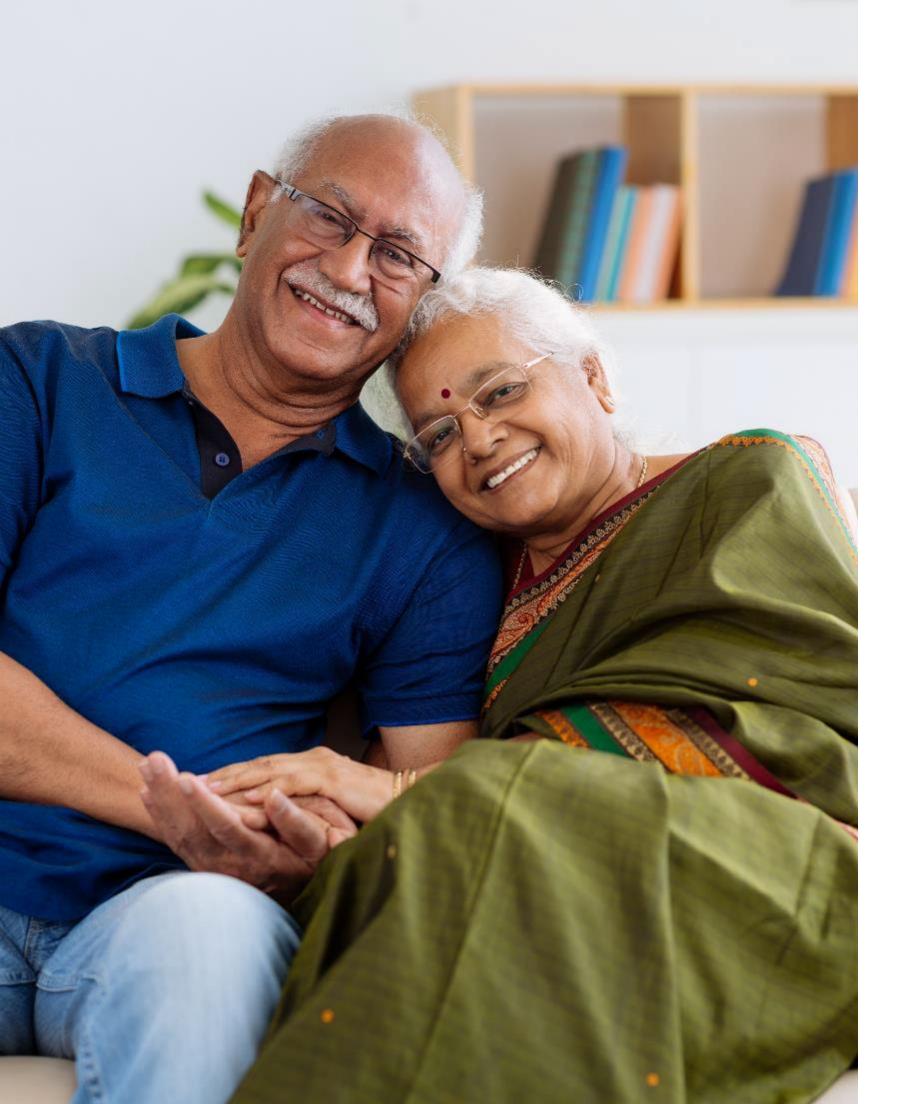
<sup>1</sup>According to Avēsis marketing brochure as of May 2019.

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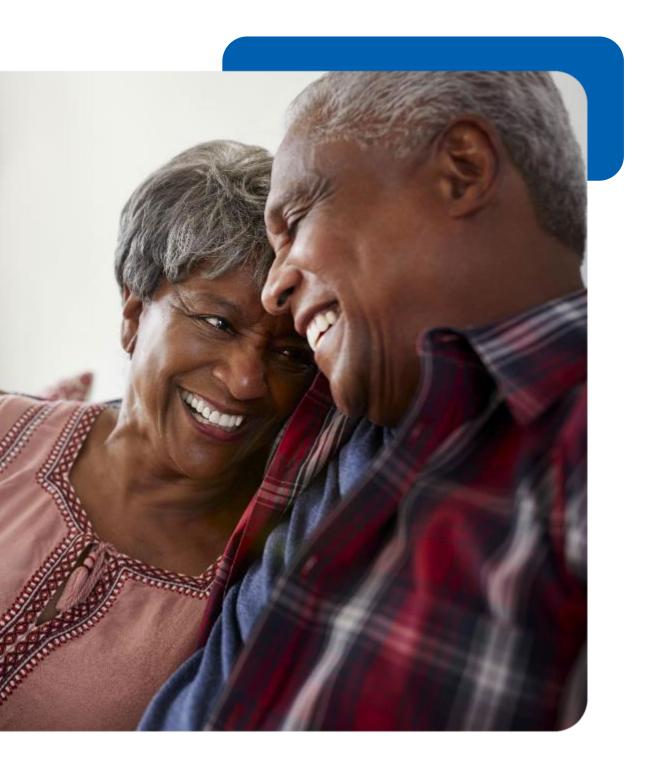
## SR. LIMITED MEDICAL / SR. ASSOCIATION PLANS



### New Senior Products

#### My LIFE Senior Association Plans

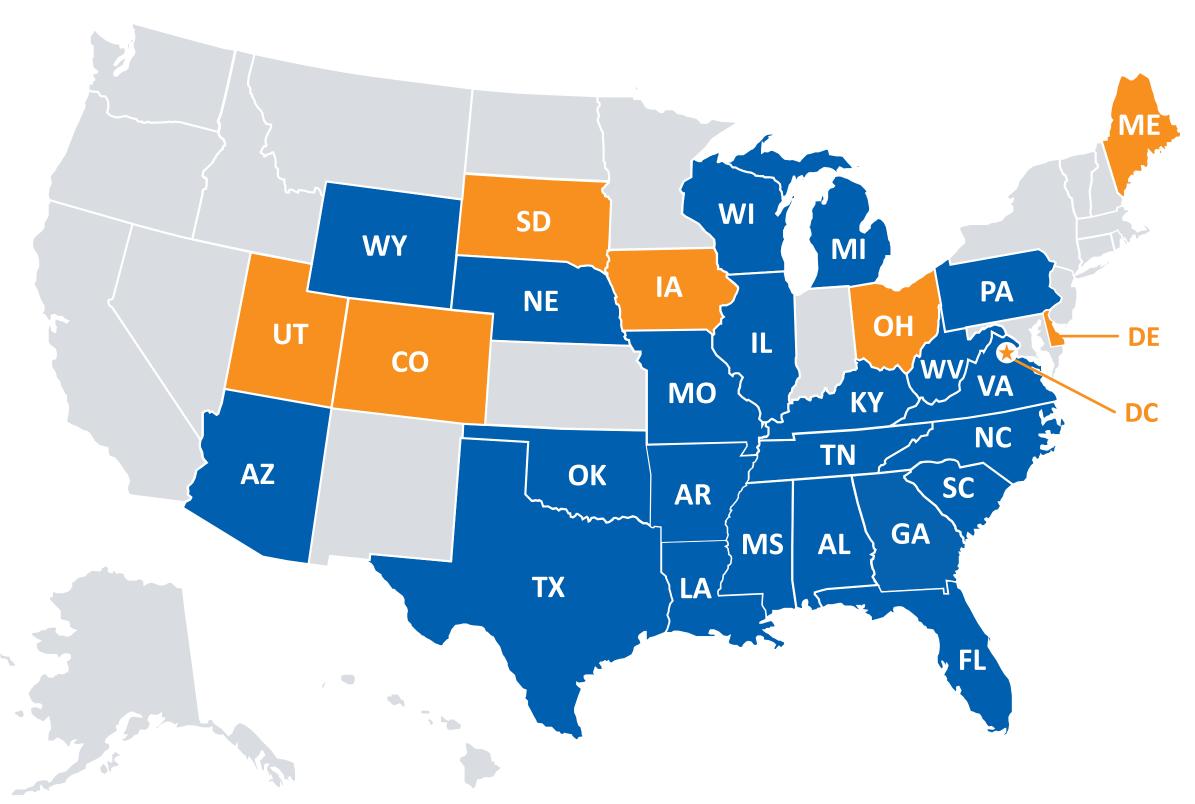
- Provide discounts on diabetic supplies, gym memberships, Dental/Vision/Hearing
- Tele-Med, Podiatry, LASIK, Labs/screenings, Chiropractic and alternative care (Plus Plan)
- Senior Limited Medical
  - Niche offering for those who do not have and/or do not qualify for Medicare
  - Scheduled indemnity benefits paid in cash





## Sr Indemnity / Sr Association States

- Blue Currently offered
- Orange Coming
  2/25/2022





### Senior Indemnity | Who It's Good For

- Our Base Plans offer lower levels of coverage and are a great option for seniors who:
  - Are looking to supplement their Medicare Advantage or Medicare Supplement plans
- Our Max Plans offer richer benefits and are a great option for seniors who:
  - Missed the initial enrollment window when they turned 65 and are locked out
  - Permanent residence for less than 5 years









- Primary applicants (and spouse)
  - Ages 65 through 74 at time of application
  - Dependent children up to age 26
- Renewable to age 85
- Requires clients fill out health questionnaire
- No child-only applications











Benefits		Max Plans	Base Plans		
Denems	One	Two	Three	Four	Five
Inpatient Hospitalization					
Hospital Admission					
\$ per admission	\$1,000	\$2,000	\$5,000	\$250	\$1,000
Maximum benefit per Plan Year	2 admissions				
Daily Confinement – Sickness					
\$ per day of confinement	\$250	\$500	\$1,000	\$150	\$300
Maximum benefit per Plan Year	31 days of confinement				
Daily Confinement – Injury					
\$ per day of confinement	\$250	\$500	\$1,000	\$150	\$300
Maximum benefit per Plan Year	31 days of confinement				

**Note:** PLANS PROVIDE LIMITED BENEFITS.







Benefits		Max Plans	Base Plans		
Denents	One	Two	Three	Four Five	
Surgery <sup>1, 2</sup>					
Surgeon – Tier 1					
\$ per surgery	\$5,000	\$5,000	\$5,000		
Maximum benefit per Plan Year	5 surgeries	5 surgeries	5 surgeries		
Surgeon – Tier 2					
\$ per surgery	\$1,000	\$2,500	\$2,500		
Maximum benefit per Plan Year	5 surgeries	5 surgeries	5 surgeries		
Transitional Care					
Skilled Nursing Facility					
\$ per day	\$250	\$250	\$250		
Maximum benefit per Plan Year	60 days	60 days	60 days		

**Note:** PLANS PROVIDE LIMITED BENEFITS. | <sup>1</sup>Tier 1 surgeries are: Amputation, excluding fingers, thumbs, and toes; Carotid Endarterectomy; Cesarean Section due to Complications of Pregnancy; Coronary Artery Bypass Grafting (CABG); Heart Valve Repair/Replacement; Hip Replacement; Spinal Fusion; Prostatectomy; Splenectomy; Surgery for Intracranial (Brain) Aneurysm. Tier 2 surgeries are any covered inpatient surgery that is not included as a Tier 1 surgery. |<sup>2</sup>Two or more surgical procedures performed during the same operative session are considered one operation and the Surgery benefit will be considered based on the procedure with the highest benefit amount shown on the schedule.





Benefits		Max Plans	Base Plans		
Denents	One	Two	Three	Four	Five
Outpatient					
Office Visit					
\$ per visit	\$75	\$75	\$75	\$50	\$50
Maximum benefit per Plan Year	2 visits	2 visits	2 visits	2 visits	2 visits
Preventative Care Office Visit <sup>1</sup>					
\$ per visit	\$100	\$100	\$100	\$50	\$50
Maximum benefit per Plan Year	1 visit	1 visit	2 visits	1 visit	1 visit
Urgent Care Facility Visit		·	·		·
\$ per day of visit	\$75	\$75	\$75	\$50	\$50
Maximum benefit per Plan Year	2 visits	2 visits	2 visits	2 visits	2 visits

**Note:** PLANS PROVIDE LIMITED BENEFITS. | <sup>1</sup>Available after a waiting period of 90 days from plan effective date.





Benefits	Max Plans				Base Plans			
Denents	One		Two		Three	Four		Five
Testing, Radiology, and Laboratory Services								
Radiology								
\$ per test	\$50		\$50		\$50	\$50		\$50
Maximum benefit per Plan Year	2 tests		2 tests		2 tests	2 tests		2 tests
Laboratory								
\$ per test	\$50		\$50		\$50	\$50		\$50
Maximum benefit per Plan Year	2 tests		2 tests		2 tests	2 tests		2 tests

**Note:** PLANS PROVIDE LIMITED BENEFITS.





Benefits		Max Plans	Base Plans		
DEHEIIIS	One	Two	Three	Four	Five
Emergency					
Ground Ambulance					
\$ per trip	\$500	\$500	\$500	\$250	\$250
Maximum benefit per Plan Year	2 trips	2 trips	2 trips	2 trips	2 trips
Air Ambulance					
\$ per trip	\$5,000	\$5,000	\$5,000		
Maximum benefit per Plan Year	1 trip	1 trip	1 trip		
Emergency Room					
\$ per trip				\$50	\$50
Maximum benefit of per Plan Year				2 visits	2 visits

**Note:** PLANS PROVIDE LIMITED BENEFITS.



### My LIFE Senior Plus<sup>™</sup>

### Health-Related Benefits

#### TeleMed for LIFE $\bigcirc$

charges

- Connect to a physician via phone or video 24/7
- Unlimited consultations at no extra cost

Better Living Now Diabetic Services

equipment, disposable medical

supplies, nutritional supplements,

and more – most with no shipping

Discounts on durable medical

- - services

**Note:** LIFE Association Membership benefits may vary by state. Lifestyle and wellness benefits and discounts are not insurance. Your agent and National General Accident & Health may receive financial compensation in connection with membership fees.



#### Dental, vision, & hearing

Discounts on dental cleanings and procedures, eye exams and glasses, and hearing tests and supplies

#### Other discounts include:

Chiropractic & alternative care

Podiatry services

Lab services and screening

Gym memberships





## QUOTING / ENROLLMENT



## Premium / Billing

### Medicare Supplement:

- Initial premium:
  - Anytime from signature date up to day-before eff date
- Reoccurring premiums:
  - Default to 1st of the month or plan effective date
- Accepted Payments:
  - EFT Monthly
  - Direct-Bill Quarterly, Semiannual, Annual

## Sr. DVH / Sr. Indemnity:

### Initial Payment:

• Anytime from signature date up to day-before eff date

### Reoccurring premiums:

• 5 days before the monthly anniversary

### Accepted Payments:

- EFT
- Credit card (Visa, MC or Discover)





Go to: www.EnrollNatGen.com

Enter Username and Password

- Same as those for NatGen Agent Back Office (ABO) portal
- If logging in for first time:
  - Click on Forgot Username to receive email with login instructions
  - Call Agent Support at (888) 376-3300 for additional assistance





Enter your username and password below to access the EnrollNatGen platform. These are the same credentials you use to access the Agent Back Office.

Username

Password

.....

Remember My Login

Log In

Forgot Password Forgot Username

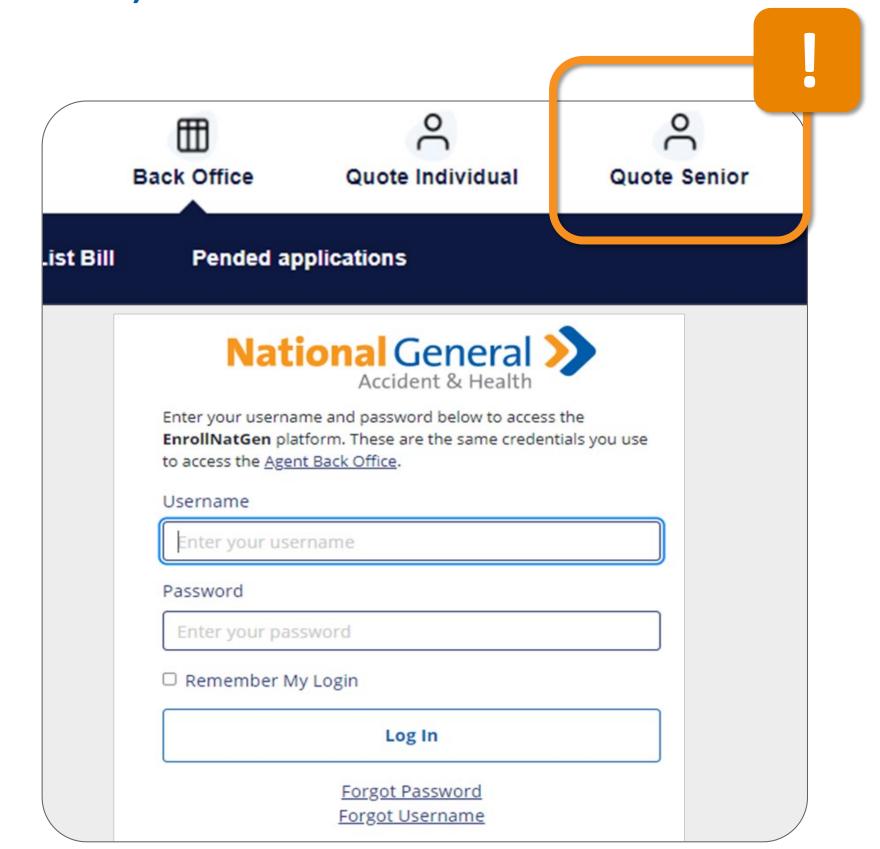
For assistance with signing into your account, please contact Agent Support at (888) 376-3300



### Via Agent Back Office (ABO)

### • Click $\rightarrow$ "Quote Senior"

- Login using your ABO Username and Password
- Begin quoting/enrolling clients!!
  - Acceptable signature methods:
    - Security Question (passphrase)
    - Electric Signature (email)
    - Telephonic (Voice Auth process)



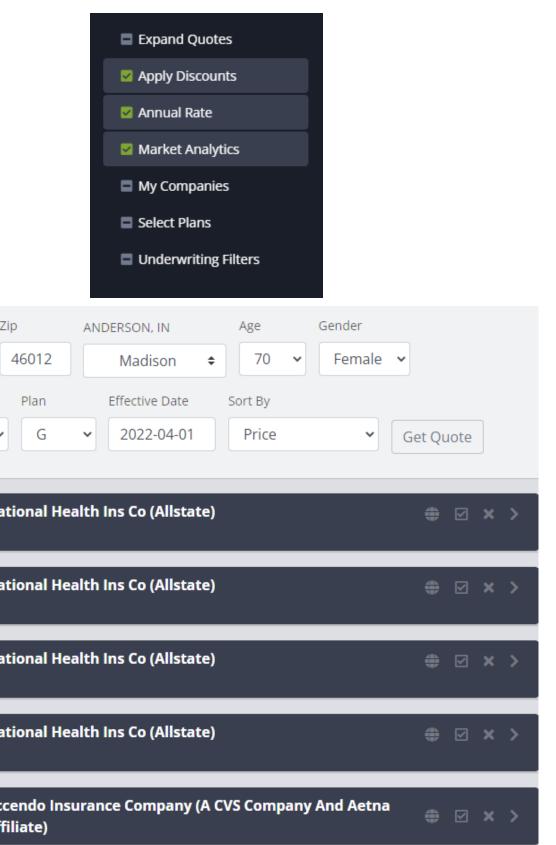


### Via CSG Actuarial tool

Medicare Supplement, "Run Quote"

- Enter zip code and other details for quote
  - New Underwritten classes are incorporated
  - Activity-tracker discount is included under "Discounts"
  - Annual pay discount will reflect when "Annual Rate" is selected
  - Roommate discount is calculated when selected 7%
    - Dual-household app is Not (this gives an addtl. 3% off Roommate, or 10% overall

	Client/Label:	7
	Tobacco	
	Non-tobaco	:o 🗸
_		
	<b>\$1,063.99</b> /yr*	Na
	<b>\$1,120.02</b> /yr*	Na
	\$1,177.60	Na
	/yr*	
	<b>\$1,239.54</b> /yr*	Na
	\$1,257.32	Ac
	/yr*	Af







## QUESTIONS?

#### Contact:

Craig Rydzeski Director – Senior Product Sales (241) 810-3474 <u>Craig.Rydzeski@NGIC.com</u>

