LIBERTY BANKERS – HOSPITAL INDEMNITY

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AGENDA

- Backend and Availability
- Base Benefits
- Riders
- Strategies / Positioning
- Enrollment Platform

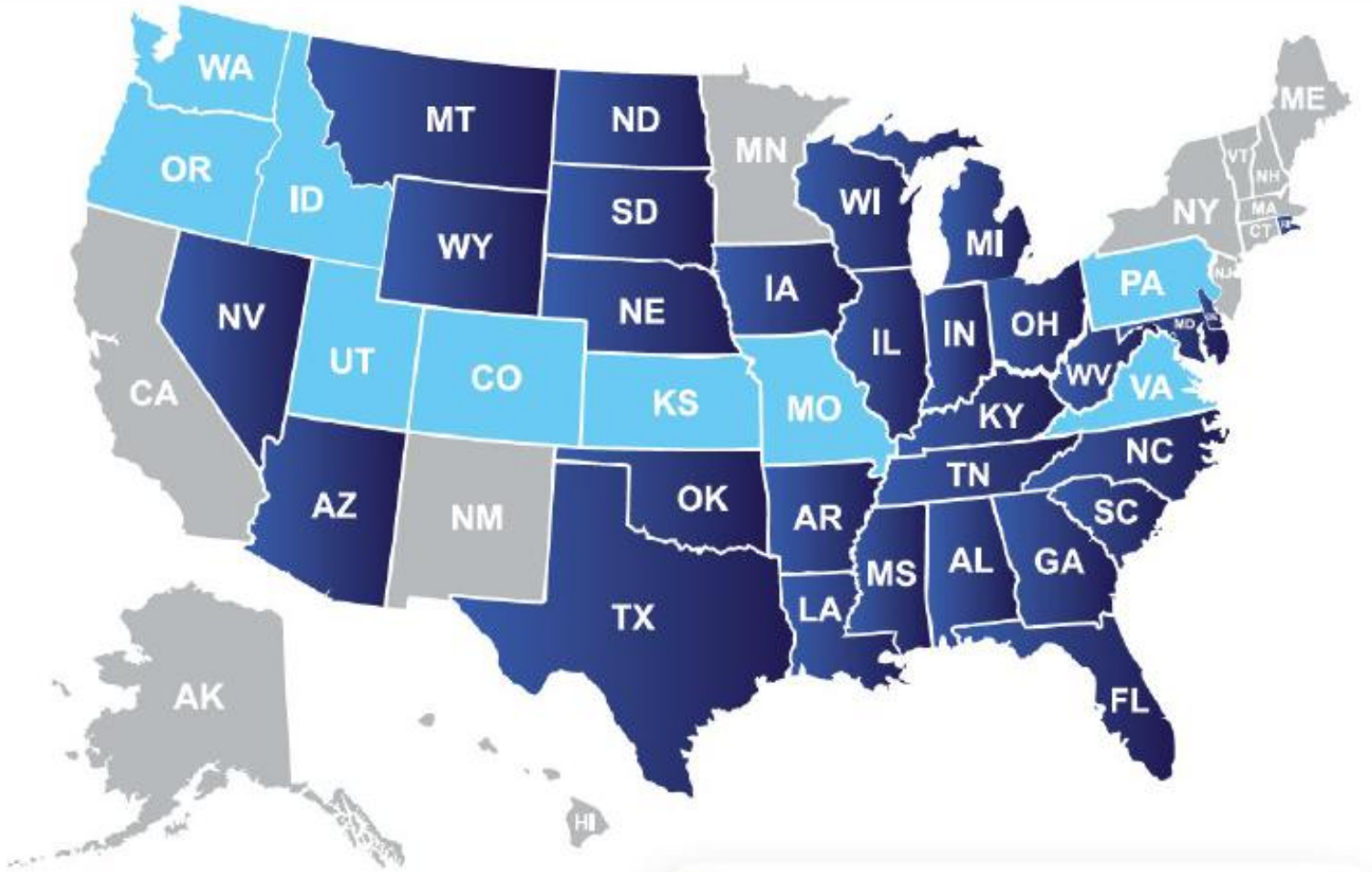
BACKEND

- Issue Ages – 18 - 85
- Guaranteed Issue – Ages 64 – 70
  - Underwriting
- Not a Medicare product / Scope of Appointment
- Coordination of benefits / Claims
- Networks
- Available to Individual, Couples, and Families
- 10% Household Discount. (Qualifies if living with another individual over 50 for 12 months)

UNDERWRITING QUESTIONS

PART A	1. Has any Proposed Insured ever been treated for or been diagnosed by a member of the medical profession as having Acquired Immune Deficiency Syndrome (AIDS), AIDS related Complex (ARC) or HIV Infection?	☐ YES ☐ NO	☐ YES ☐ NO
	2. Within the past 2 years, has any Proposed Insured been advised by a member of the medical profession to have any diagnostic test, is awaiting any results from a diagnostic test, or has had any abnormal diagnostic test results, or has had a medical condition, symptom or abnormality that would have caused an ordinarily prudent person to seek medical treatment or advice, but has not yet done so?	☐ YES ☐ NO	☐ YES ☐ NO
PART B	3. In the past 5 years, has any Proposed Insured been diagnosed as having, received medication for, or been treated by a medical practitioner for Leukemia, Hodgkin's Disease, lymphoma, malignant	☐ YES	☐ YES
	melanoma, sarcoma, Carcinoma in Situ, tumor or growth, or any internal cancer, or had radiation or chemotherapy for any of these conditions?	☐ NO	☐ NO
PART C	4. In the past 5 years, has any Proposed Insured been diagnosed as having, received medication for, or been treated by a medical practitioner for heart attack, heart bypass, angioplasty or stent placement, angina, stroke, or Transient Ischemic Attack (TIA)?	☐ YES ☐ NO	☐ YES ☐ NO
PART D	5. Is any Applicant currently unable to perform any of his or her activities of daily living (i.e. dressing, feeding, mobility, toileting, transferring without human supervision)?	☐ YES ☐ NO	☐ YES ☐ NO
	6. In the past 3 months has either applicant been confined as an inpatient to a hospital or nursing home or receive any home health care services, or been advised by a medical professional to have surgery with will require an inpatient stay but have not yet been done so?	☐ YES ☐ NO	☐ YES ☐ NO
	7. In the past 12 months has either Applicant had, been treated for or been diagnosed by a medical professional as having Chronic Obstructive Pulmonary/Lung Disease (COPD/COLD), emphysema, chronic bronchitis, diabetes treated with insulin, dementia, Alzheimer's disease, or chronic liver or chronic kidney disease?	☐ YES ☐ NO	☐ YES ☐ NO
	8. In the past 12 months has either Applicant received advice, treatment or counseling by a member of the medical profession relating to schizophrenia, psychotic disorder, bipolar/manic depression, alcohol or substance abuse?	☐ YES ☐ NO	☐ YES ☐ NO

Product Availability



HOSPITAL INDEMNITY - BASE PLAN

Hospital Confinement

- 2 - 10, 15, 20, or 31 days
- $100 - $750 / day ($25 increments)
- Restores after 60 days of no hospital confinement

OTHER INCLUDED BASE BENEFITS (NO ADDITIONAL COST)

- **Observation** – 100% of the confinement benefits
  - 10 days / calendar year
- **ICU Benefit** – Additional $150 / day if confined in ICU
  - 7 days / calendar year
- **Extended Care Benefit** - $25 / day beyond base days selected.
  - 31 days / confinement
- **Mental Health Benefit** - $175 / day
  - 7 days / calendar year
- **Travel Companion Benefit** - $100 / day for family member located more than 50 miles from policyholder residence.
  - 10 days / calendar year
- **Pet Boarding** - $50 / day
  - 10 days / calendar year

RIDERS



Ambulance

$250 Ground (2 / year)

$500 Air (2 / year)



Skilled Nursing Facility

Pays $100 - $300 daily

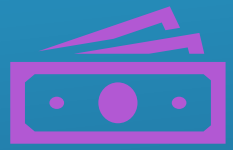
Option 1 - Days 1 – 20

Option 2 - Days 1 – 100

Option 3 – Days 21 - 100

*Must follow a 3-day hospital stay

**Includes hospice care covered at 25% of daily benefit – max of 14 days



ER and Urgent Care

$250 ER

$50 Urgent Care

*1 visit / quarter

RIDERS



Outpatient Diagnostic and Wellness

$200 for Advance Studies Diagnostic

$50 for Basic Diagnostic / Lab Diagnostic

****$500 annual diagnostic max****

$25 for Wellness Benefits (4x / year)



Heart Attack and Stroke

Up to $30000 in the event of Heart Attack or Stroke



Cancer

Up to $40000 for a Cancer Diagnosis

Up to $10000 for Carcinoma in-situ

Up to $10000 for experimental treatment

Up to $400 for skin Cancer Recurrence Benefit

RIDERS



Accident

Up to $15000 for fracture dislocations, burns, lacerations or eye injury.

Up to $20000 for loss of limbs

Up to $50000 for Accidental Death



Outpatient Surgery

$250 / $500 / $1000 / $1500

2x / year



Lump Sum Hospital

$500 / $1000 / $2000

2x / year

DENTAL, VISION AND HEARING BENEFIT RIDER

We will pay up to $400, $800, or $1,200 per calendar year $50 Deductible (waived for Preventive Care and Vision and Hearing Exams)
Coverage Year 1 = 60%, Coverage Year 2 = 70%, Coverage Year 3+ = 80%

Preventive Care: up to $75 per Preventive Services per calendar year (3-month waiting period)

Basic Care: 6-month waiting period

Major Services: 12-month waiting period

Vision & Hearing Exams: up to $50 per calendar year 1 Eye and 1 Hearing Exam per year (3-month waiting period)

Eyeglasses, Contact lenses and Hearing Aids: 1up to $200 per Calendar Year (6-month waiting period)

HOSPITAL INDEMNITY AUTOMATIC BENEFIT INCREASE RIDER

We will increase the Hospital Confinement, Extended Hospital Confinement, and Observation Unit daily benefit amount by the Benefit Increase percentage shown below.

COMPLETED RIDER YEAR	0	1	2	3	4	5	6	7	8	9	10+
BENEFIT INCREASE	0%	5%	10%	15%	20%	25%	30%	35%	40%	45%	50%

OUTPATIENT THERAPY AND MEDICAL DEVICE BENEFIT RIDER

We will pay for Outpatient Occupational, Physical, Speech and Chiropractic Therapy, Durable Medical Equipment, Prosthetic Devices, and Home Modification following a Hospital Confinement or Outpatient Surgery

Option 1: 5 visits per Calendar Year
- $50 per visit for Occupational, Physical, Speech, and Chiropractic Therapy
- $50 Medical Equipment and appliances
- $500 Home Modifications
- $2,000 Prosthetic Devices

Option 2: 15 visits per Calendar Year (5 visits Chiropractic Therapy)
- $50 per visits for Occupational, Physical, Speech, and Chiropractic Therapy
- $100 Medical Equipment and appliances
- $1,000 Home Modifications
- $2,000 Prosthetic Devices

Option 3: 30 visits per Calendar Year (5 visits Chiropractic Therapy)
- $50 per visit for Occupational, Physical, Speech, and Chiropractic Therapy
- $200 Medical Equipment and appliances
- $2,000 Home Modifications
- $2,000 Prosthetic Devices

IDEAL PACKAGE

- Hospital Base Benefit ($20 - $25)
- ER/Urgent Care ($2 - $3)
- Ambulance ($3)
- Automatic Benefit Increase ($3)
- Outpatient Diagnostic and Wellness ($5)
- Cancer with Recurrence (5K) ($15 - $20)

STRATEGIES

- New Clients - When should I mention Hospital Indemnity in my Sales Call?
  - Beginning – Who do you have for your Hospital coverage?
  - Middle – Show exposure points (Hospital Copays, MOOP, Skilled Nursing)
    - You can close your biggest exposure gaps for $1 - $2 a day.
  - End – Finish sale first. Take 10 – 15 extra minutes to talk hospital.
- Existing book – Check in Calls / Emails. Information brochures
- Upsell vs Downsell

COMMISSIONS (STREET LEVEL) *MOST STATES*

- **Year 1:** **60%** of premium
- **Years 2-3:** **6.50%** of premium
- **Years 4-6:** **5%** of premium
- **Years 7+:** **2.50%** of premium