



AGENT PRODUCT TRAINING





# WELCOME TO ENROLLMENT FIRST

YOUR PARTNER FOR SUCCESS.

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## BROKER SUPPORT

 (866) 951-8404

 BrokerSupport@enrollfirst.com

DISCLAIMER: The plan summaries on the following slides are not comprehensive. Please refer to your benefit guide for further detail, limitations & exclusions, or call Broker Support for additional assistance.

**FOR AGENT USE ONLY**





## AMERICA'S CONSUMERS & AFFILIATES, LIMITED PARTNERSHIP

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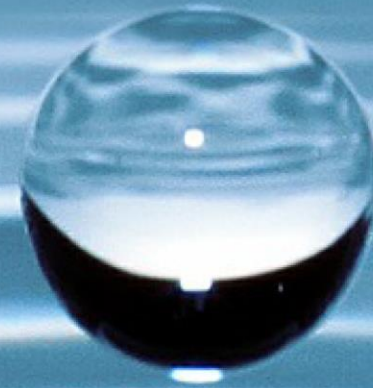
- The **AC&A Limited Partnership (LP)** is the group domiciled in Georgia that **holds the contracts with carriers** to offer a benefits suite.
- Enrollment First is the Benefits Administrator for the AC&A, LP.
- Brokers contracted must have a **Georgia accident/sickness and life license** to offer AC&A, LP benefits.
- Clients **must join the AC&A, LP to enroll** in LP Benefits.
- Clients **must be active partners to maintain their eligibility** for benefits.
  - **What does this mean?** Client agrees to anonymously participate in one or more AC&A LP Marketing Programs using an assigned PIN code.
  - **DataBanking Opportunity** (Example): Client downloads a secure Chrome/Firefox app that collects limited browsing data. Data collected limited to site visited, date/time of visit, duration of visit.
- Any consumer 18 years or older and working a minimum of **20 hrs/wk** is eligible to join and have access to the benefit suite.
- By law, **all Limited Partners must have equal access to all benefits offered**, so the benefits suite may not be offered as individual products only.



# America's Consumers & Affiliates, LP

## BENEFIT SUITE

- SelectMed: Base, Pro, Max + Hospitalization Buy-Up
- SelectMed: Bronze and Silver Plans
- Dental/Vision
- Accident
- Whole Life





# DAILY MEDICAL CARE

## Doctor Visits + Prescriptions with Co-Pay

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- No co-pay or deductibles for ACA-compliant wellness & preventative services & covered prescription drugs
- Guaranteed Acceptance
- 2 plan levels: Pro & Max
- First Health PPO Network - an Aetna group  
[www.myproviderlookup.com](http://www.myproviderlookup.com)
- Telemedicine Benefit included with \$0 co-pay
- Option for Hospitalization buy-up



**selectMed**

EXCLUSIVELY BY ENROLLMENT FIRST, INC.

Covered Benefit	SELECTMED PRO	SELECTMED MAX	
Preventative & Wellness	<b>100%</b> covered In-Network: No co-pay or deductible *No coverage for hospital services	<b>100%</b> covered In-Network: No co-pay or deductible *No coverage for hospital services	
MedCall Now - Telemedicine Benefit	Included; No co-pay	Included; No co-pay	
Primary Care Visit to Treat Injury or Illness	<b>\$25</b> co-pay per visit; Max 5 visits combined (Primary Care, Specialist, & Urgent Care) per plan year	<b>\$25</b> co-pay per visit, no limit	
Specialist Visit		<b>\$50</b> co-pay per visit, no limit	
Urgent care		<b>\$50</b> co-pay per visit, no limit	
Outpatient Diagnostic Test (X-Ray, Blood Work)	<b>\$25</b> co-pay per test; Max <b>5</b> tests per plan year	<b>\$50</b> co-pay per test, no limit	
Outpatient CT/MRI/PET Scans	Not Covered	<b>50%</b> co-insurance per test; Subject to deductible; Prior authorization required	
Outpatient Mental & Behavioral Health, Substance Abuse		<b>\$50</b> co-pay per visit	
Rehabilitation Services		<b>\$50</b> co-pay per visit; Combined limit for all rehabilitation therapies: <b>20</b> visits per plan year	
Prescription Benefit	No co-pay for ACA-compliant covered prescriptions	No co-pay for ACA-compliant covered prescriptions	
	<b>20%</b> co-insurance for formulary generic prescriptions only; Annual maximum: <b>12</b> prescriptions; <b>30-day</b> supply max	WellDyne: <b>\$20</b> co-pay formulary generic only; <b>30-day</b> supply max	DataRX: <b>\$10</b> generic; <b>\$50</b> brand; Mail order <b>\$30</b> generic / <b>\$150</b> brand; <b>\$750</b> allowance per member & <b>\$1,500</b> per family
DEDUCTIBLE & OUT-OF-POCKET MAXIMUM			
Deductible	N/A	<b>\$2,000</b> for individual; <b>\$4,000</b> for family	
Out-of-Pocket Maximum	<b>\$8,150</b> for individual; <b>\$16,300</b> for family	<b>\$8,150</b> for individual; <b>\$16,300</b> for family	

# SELECTMED MAX - PRESCRIPTION BENEFIT

## Welldyne

### + DataRX

### Welldyne Only

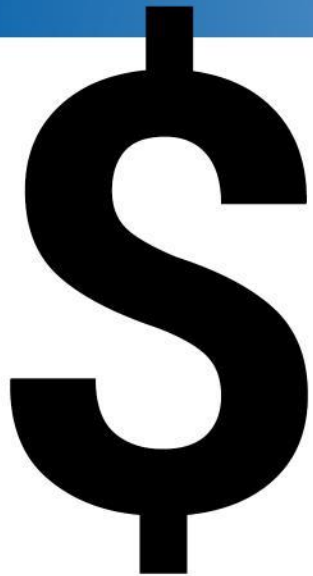
Alabama	Nebraska	New York
Arizona	Nevada	South Dakota
Arkansas	New Jersey	Washington
California	New Mexico	
Colorado	North Carolina	
Connecticut	North Dakota	
Delaware	Ohio	
District of Columbia	Oklahoma	
Florida	Oregon	
Georgia	Pennsylvania	
Idaho	Rhode Island	
Illinois	South Carolina	
Indiana	Tennessee	
Iowa	Texas	
Kansas	Utah	
Kentucky	Vermont	
Louisiana	West Virginia	
Maine	Wisconsin	
Maryland	Wyoming	
Michigan		
Minnesota		
Mississippi		
Missouri		
Montana		

- **No co-pay** for ACA covered drugs
- **\$10** generic
- **\$50** brand
- Mail order:  
**\$30 / \$150**
- **No** prescription **maximum**
- **\$750** allowance for individuals
- **\$1,500** allowance for family

- **No co-pay** for ACA covered drugs
- **\$20** generic
- **30-day supply** max
- **No annual maximum**



# MONTHLY PREMIUM



	SELECTMED PRO	SELECTMED MAX
INDIVIDUAL	\$116.71	\$207.25
INDIVIDUAL + SPOUSE	\$183.85	\$346.11
INDIVIDUAL + CHILD	\$176.99	\$354.87
FAMILY	\$237.98	\$516.17



# HOSPITALIZATION BUY-UP

Available with SelectMed Max & Pro plans

- Inpatient hospital benefits
- Includes inpatient Mental Health & Substance Abuse
- 0% co-insurance after \$5,000 deductible
- In-network coverage only (First Health PPO)
- Outpatient & elective surgery not covered
- Pre-existing conditions within past 12 months excluded

Monthly Rates			
Rates for ages 35-64 shown			
See Benefit Guide for rates for ages 18-34			
\$50,000 Plan		\$100,000 Plan	
Primary	\$117.00	Primary	\$151.18
Primary + Spouse	\$193.00	Primary + Spouse	\$276.78
Primary + Child(ren)	\$189.00	Primary + Child(ren)	\$253.95
Family	\$279.00	Family	\$379.54







**selectMed**

+

**HOSPITALIZATION**

Combined Rates  
*Ages 35-64 Shown*



	SELECTMED PRO		SELECTMED MAX	
	\$50,000 Plan	\$100,000 Plan	\$50,000 Plan	\$100,000 Plan
PRIMARY	\$233.71	\$267.89	\$324.25	\$358.43



# Bronze and Silver Plans

## HIGHLIGHTS

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- Guaranteed Acceptance, Ages 18-64+
- One Rate for All Ages
- No Pre-Existing Condition Exclusions
- No Open Enrollment Window Requirement
- Includes 100% Wellness/Preventive
- \$0 Deductible
- PPO Network for Non-Hospital visits, labs, etc.
  - “Practitioner & Ancillary” Network through Multiplan.com
- Referenced Based Pricing for Hospital/Ambulance services
  - Advocacy service negotiates the rate with providers for you



SelectMed Plan Options		SelectMed Bronze	SelectMed Silver
Evidence of Insurability		Guaranteed Acceptance	Guaranteed Acceptance
PPO Network		Multiplan Practitioner and Ancillary Network	
Deductible		In Network Participating Providers (No Out of Network Coverage)	In Network Participating Providers (No Out of Network Coverage)
Individual		\$0	\$0
Family		\$0	\$0
Out-of-Pocket Maximum		In Network Participating Providers (No Out of Network Coverage)	In Network Participating Providers (No Out of Network Coverage)
Individual		\$8,150	\$5,000
Family		\$16,300	\$10,000
Medical Services		In Network Participating Providers (No Out of Network Coverage)	In Network Participating Providers (No Out of Network Coverage)
PHYSICIAN SERVICES			
Primary Care Office Visit	Non-Hospital Based	\$25 Copay <i>(Limited to 8 visits per plan year)</i>	\$15 Copay <i>(Limited to 10 visits per plan year)</i>
	Hospital Based	Not Covered – 100% Paid by Member	
Specialist Office Visit	Non-Hospital Based	\$50 Copay <i>(Limited to 8 visits per plan year)</i>	\$25 Copay <i>(Limited to 10 visits per plan year)</i>
	Hospital Based	Not Covered – 100% Paid by Member	
Urgent Care		\$50 Copay <i>(Limited to 2 visits per plan year)</i>	\$35 Copay <i>(Limited to 3 visits per plan year)</i>
Telemedicine Services		\$0	\$0
PREVENTIVE & WELLNESS SERVICES			
Non-Hospital Based		\$0 Copay <i>(Plan pays 100% of covered preventive and wellness services)</i>	
Hospital Based		Not Covered – 100% Paid by Member	



		SelectMed Bronze	SelectMed Silver
HOSPITAL/FACILITY SERVICES (Subject to Referenced Based Pricing)			
Inpatient Hospitalization		\$350 Copay Per Admission <i>(Limited to 5 days per plan year)</i>	\$350 Copay Per Admission <i>(Limited to 7 days per plan year)</i>
Inpatient Visits – Physician		Included in Inpatient Hospitalization Copay <i>(Limited to visits up to 5 days per plan year)</i>	Included in Inpatient Hospitalization Copay <i>(Limited to visits up to 7 days per plan year)</i>
Inpatient Surgery <sup>2</sup>		Included in Inpatient Hospitalization Copay <i>(Second surgical opinion may be required; Limited to 2 surgeries per plan year)</i>	Included in Inpatient Hospitalization Copay <i>(Second surgical opinion may be required; Limited to 3 surgeries per plan year)</i>
Outpatient Hospital or Free Standing Facility Services and Surgery <sup>2</sup>		\$350 Copay <i>(Limited to 1 visit per plan year)</i>	\$350 Copay <i>(Limited to 2 visit per plan year)</i>
Anesthesia		Included in Inpatient Hospitalization or Outpatient Hospital or Free Standing Facility Services and Surgery Copay <i>(Limited to 2 inpatient and 1 outpatient anesthetic procedures per plan year)</i>	Included in Inpatient Hospitalization or Outpatient Hospital or Free Standing Facility Services and Surgery Copay <i>(Limited to 3 inpatient and 2 outpatient anesthetic procedures per plan year)</i>
Emergency Room Services		\$350 Copay (Limited to 1 visit per plan year)	
DIAGNOSTIC SERVICES			
Laboratory Services	Non-Hospital Based	\$50 Copay <i>(Combined limit of 3 visits per plan year with Radiology)</i>	
	Hospital Based	Not Covered – 100% Paid by Member	
Radiology	Non-Hospital Based	\$50 Copay <i>(Combined limit of 3 visits per plan year with Laboratory Services)</i>	
	Hospital Based	Not Covered – 100% Paid by Member	
CT/MRI/MRA/PET Scan	Non-Hospital Based <sup>2</sup>	\$350 Copay (Subject to RBP) <i>(Limited to 1 visit per plan year)</i>	\$350 Copay (Subject to RBP) <i>(Limited to 2 visit per plan year)</i>
	Hospital Based	Not Covered – 100% Paid by Member	Not Covered – 100% Paid by Member

		SelectMed Bronze	SelectMed Silver
PREGNANCY BENEFITS			
Professional Services		Not Covered – 100% Paid by Member	\$350 Copay
Childbirth/Delivery (Considered Inpatient Hospital Stay)		Not Covered – 100% Paid by Member	\$350 Copay per admission <i>(Subject to RBP)</i>
OTHER SERVICES			
Allergy Services (Included in Primary Care Office Visit or Specialist Office Visit limits. The Copay allies to the administration of the allergy service and is separate from the copay for the office visit)		\$25 Copay	
Home Health Care		\$25 Copay <i>(Limited to 10 visits per plan year)</i>	\$25 Copay <i>(Limited to 15 visits per plan year)</i>
Treatment for Chemical Abuse & Dependency <sup>2</sup>	Inpatient	\$250 Copay per day <i>(Subject to RBP)</i> <i>(Limited to 5 days per plan year)</i>	\$250 Copay per day <i>(Subject to RBP)</i> <i>(Limited to 7 days per plan year)</i>
	Outpatient	\$25 Copay per day <i>(Limited to 5 days per plan year)</i>	\$25 Copay per day <i>(Limited to 7 days per plan year)</i>
Rehabilitation/Habilitation Services		Not Covered – 100% Paid by Member	
Emergency Medical Transportation		\$250 Copay <i>(Subject to RBP)</i> <i>(By land only; Limited to 1 transport per plan year)</i>	
PHARMACY BENEFITS		Participating Pharmacies	
Preventive Prescriptions – (Subject to Formulary)			
Pharmacy Retail – up to a 30 day supply		Generic - \$0 Copay <i>(Limited to Preventive Generic)</i>	
Non-Preventive Prescriptions – (Subject to Formulary)			
Pharmacy Retail – up to a 30 day supply		Not Covered – 100% Paid by Member	
Pharmacy Mail Order – 90 day supply		Not Covered – 100% Paid by Member	
Preferred Brand, Non Preferred Brand, & Specialty Drugs		Not Covered – 100% Paid by Member	
Prescription Benefit		Brand/Generic, \$10 Formulary Generic \$50 Formulary Brand; Mail \$30 Formulary Generic \$150 Formulary Brand, \$750 Per Primary \$1,500 Per Family Annual Max <sup>1</sup>	



# MONTHLY PREMIUM



	SelectMed Bronze	SelectMed Silver
INDIVIDUAL	\$487.89	\$589.48
INDIVIDUAL + SPOUSE	\$853.26	\$1,016.37
INDIVIDUAL + CHILD	\$880.90	\$1,047.49
FAMILY	\$1,308.36	\$1,588.64

# VOLUNTARY WORKSITE PRODUCTS

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- Dental
- Vision
- Accident
- Whole Life



# DENTAL INSURANCE

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- No-Copay or Deductible for Preventative Services
- Maximum Care PPO1 plus Connection Dental Network
- Out-of -Network Coverage Available
- 12 Month Waiting Period on Major Services





DENTAL COVERAGE				
Plan Maxes			Basic	Preferred
Annual Maximum			\$500/yr	\$1,000/yr
Plan Deductible			Basic	Preferred
Deductible			\$50 Annual	\$50 Annual
Deductible Limit			Max 3 per family	Max 3 per family
Services*	Plan Coverage		Basic	Preferred
Preventive Services	Cleanings, Exams, Oral Cancer Screening (age 40+), Radiographs - Bitewings, Radiographs - FMX, Fluoride (under age 16), Sealants (under age 16), Space Maintainers (under age 16)		Plan Pays 100% Deductible Waived	Plan Pays 100% Deductible Waived
Basic Services	Emergency Pain, Restorations (Amalgams & Anterior Resin), Restorations (Posterior Resin), Crown Repairs, Bridge Repairs, Denture Repairs		Plan Pays 80%	Plan Pays 80%
Major Services <sup>1</sup>	Simple Extractions, Surgical Extractions, Oral Surgery, Endodontics, Periodontal Maintenance, Non-Surgical Periodontics, Surgical Periodontics, Inlays, Onlays, Crowns, Bridges, Dentures, Implants, Anesthesia		Plan Pays 0%	Plan Pays 50%
DENTAL MONTHLY PREMIUM				
Plan Tier	Primary	Primary + Spouse	Primary + Child(ren)	Family
Basic	\$15.89/mo	\$27.97/mo	\$34.12/mo	\$49.58/mo
Preferred	\$22.30/mo	\$40.79/mo	\$42.77/mo	\$65.06/mo

# VISION COVERAGE

- \$10 Co-Pay for Annual Eye Exam
- Exclusive Collection Frames for no more than \$25
- Extra Member Savings Benefits
- Out-of-Network Coverage Available

VISION MONTHLY RATES	
Primary	\$10.22
Primary + Spouse	\$16.76
Primary + Child(ren)	\$18.42
Family	\$25.22



VISION COVERAGE				
Benefit	Description		Copay	Frequency
Eye Exam	Focuses on your eyes, vision and wellness		\$10	Every 12 months
Frame	Pay no more than \$25 for Exclusive Collection frames at participating locations or \$130 frame allowance at network locations or \$180 frame allowance at Visionworks <sup>1</sup> Plus 20% off any amount over your allowance <sup>2</sup>		Included	Every 24 months
Lenses and enhancements <sup>3</sup>	Clear plastic single -vision, bifocal, trifocal or lenticular lenses Polycarbonate Lenses for dependent children Tinting of Plastic Lenses Scratch-Resistant Coating		\$25	Every 12 months
Lens upgrades <sup>3</sup>	Polycarbonate lenses for adults High-Index Lenses 1.67 High-Index Lenses 1.74 Polarized Lenses Progressive Lenses (Standard / Premium / Ultra / Ultimate) Anti-Reflective (AR) Coating (Standard / Premium / Ultra / Ultimate) Ultraviolet Coating Plastic Photochromic Lenses (Transitions® Signature™) Premium Scratch -Resistant Coating Scratch-Protection Plan (Single -Vision / Multifocal) Digital Single Vision Lenses Trivex Lenses Blue Light Filtering		\$30 \$55 \$120 \$75 \$50 / \$90 / \$140 / \$175 \$35 / \$48 / \$60 / \$85 \$12 \$65 \$30 \$20 / \$40 \$30 \$50 \$15	Every 12 months
Prescription contacts <sup>4</sup> (instead of glasses)	15% off fitting, evaluation and follow-up \$130 allowance for contacts Plus 15% off any amount over your allowance <sup>2</sup>			Every 12 months
Extra member savings (not insured benefits)				
<ul style="list-style-type: none"><li>• 15% off standard laser vision correction or 5% off promotional prices at LasikPlus® locations nationwide.</li><li>• No more than \$39 on routine retinal imaging as an enhancement to an eye exam</li><li>• 30% off additional pairs of eye glasses.<sup>2</sup></li><li>• Free 1-yr. breakage warranty on your glasses - limitations apply.</li></ul>				
Out-of-network coverage				
Exam.....\$40	Single vision lenses.....\$40	Trifocal lenses.....\$80	Elective contacts.....\$105	
Frame.....\$50	Bifocal/Progressive lenses.....\$60	Lenticular lenses.....\$100	Visually required contacts....\$225	



# Accident Insurance

## HIGHLIGHTS

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- Income Replacement for Out-of-Pocket Expenses arising from Accidental Injury
- Ages 18-70, 20 hour minimum working requirement
- Children under the age of 26 are also eligible regardless of marital or dependency status.
- Off the Job Accidents Only
- Benefits paid direct to policy holder
- Guaranteed Renewable for Life
- Fully Portable

FOR AGENT USE ONLY	Employee Accident Plan Details
COVERED BENEFITS	
Ambulance	<b>\$500-</b> Air Ambulance. Within 48 hours after the covered accident. <b>\$100-</b> Ground Ambulance. Within 90 days of the covered accident.
Appliance	<b>\$100-</b> Within 90 days after the covered accident. For mobility and personal locomotion.
Blood/Plasma/Platelets	<b>\$300-</b> Within 90 days of the covered accident.
Burns	<b>\$750 to \$10,000-</b> Treaded by a physician within 72 hours after the covered accident. Scheduled amount based on degree off burn. Skin grafts are 25% of the burn benefit.
Concussion	<b>\$100-</b> Diagnosed by a physician within 72 hours after the covered accident.
Dislocations (Separated Joint)	<b>\$50 to \$8,000-</b> Based on the type of surgery and joint involved.
Emergency Dental Work	<b>\$50 to \$150-</b> Based on whether tooth is extracted or crowned.
Emergency Room Treatment	<b>\$150-</b> Benefit if examination and treatment within 72 hours after the covered accident.
Eye Injury	<b>\$200-</b> Within 90 days of the covered accident.
Follow-Up Physician Treatment	<b>\$50-</b> Within 90 days of the covered accident.
Fractures	<b>\$25 to \$10,000-</b> Based on the type of surgery and bone involved.
Hospital Admission	<b>\$1,000-</b> Within 6 months after the covered accident. \$2,000 if immediately admitted into Intensive Care Unit.
Hospital Confinement	<b>\$250 per day up to 365 days-</b> Within 6 months after the covered accident.
Hospital Intensive Care	<b>\$500 per day up to 30 days-</b> The confinement must begin within 30 days after the covered accident.

FOR AGENT USE ONLY	Cont. Employee Accident Plan Details
COVERED BENEFITS	
Initial Physician's Office/Urgent Care Visit	<b>\$50-</b> Within 60 days after the covered accident. Can be increased by \$25 or \$50 with the Additional Physician Office/Urgent Care Treatment Benefit Rider.
Lacerations	<b>\$25 to \$400-</b> Repaired by a physician within 72 hours after the covered accident. Paid based on the total length of all lacerations received in any one covered accident.
Lodging	<b>\$100 per night-</b> Up to 30 days per covered accident. Hospital must be more than \$100 miles from the insured person's residence.
Major Diagnostic Exams	<b>\$150-</b> Per calendar year for CT scan, MRI o EEG as the result of a covered accident.
Physical Therapy	<b>\$25 per day-</b> Maximum of 6 days. Within 6 months of covered accident.
Prosthetic Device/ Artificial Limb	<b>\$500 to \$1,000-</b> Within 1 year of the covered accident.
Rehabilitation Unit	<b>\$150 per day-</b> When confined in a rehab unit following hospitalization. Up to 30 days.
Ruptured Disc	<b>\$400-</b> Treated by a physician within 60 days after the covered accident and repaired through surgery within 1 year after the covered accident.
Surgery ( <i>Abdominal or Thoracic</i> )	<b>\$1,000-</b> Within 72 hours after the covered accident. Benefit is \$100 if exploratory surgery with no repair. Hernia repair will not be covered.
Tendon/Ligament/Rotator Cuff	<b>\$150, \$600 or \$900-</b> Must be repaired within 90 days after the covered accident. The benefit is based on the number of repairs needed and repaired through surgery.
Torn Knee Cartilage	<b>\$750-</b> Treated by a physician within 60 days and repaired through surgery within 6 months after the covered accident. Benefit is \$150 if exploratory arthroscopic surgery with no repair.
Transportation	<b>\$300 per round trip-</b> Up to 3 round trips per covered accident. For treatment more than 100 miles roundtrip from your home.



FOR AGENT USE ONLY	Cont. Employee Accident Plan Details	
Accidental Death and Dismemberment		
Accidental Death	Within 90 days from the date of a covered accident. <ul style="list-style-type: none"><li>• <b>\$100,000</b> for Partner</li><li>• <b>\$100,000</b> for Spouse</li><li>• <b>\$20,000</b> for Children</li></ul>	
Dismemberment Benefit	Benefit is paid based on the number of limbs lost and/or the specific limb(s) lost. <ul style="list-style-type: none"><li>• <b>\$1,500 to \$30,000</b> benefit for Loss of Finger, Toe, Hand, Foot or Sight of Eye (schedule amount depending on loss)</li></ul>	
Optional Riders		
Wellness Benefit Rider	We will pay \$50 for any one of the following health screening tests listed below performed by a Physician more than 30 days after the Rider Effective Date. Payable only once per calendar year per insured person. This benefit is not payable for health screening tests performed in the Emergency Room of a hospital. (Missouri - the 30 days does not apply) (District of Columbia - This Rider is not available)	
	<ul style="list-style-type: none"><li>• Blood test for triglycerides</li><li>• Bone marrow testing</li><li>• Breast ultrasound</li><li>• C-Reactive Protein</li><li>• CA 15-3 (blood test for breast cancer)</li><li>• CA 125 (blood test for ovarian cancer)</li><li>• CEA (blood test for colon cancer)</li><li>• Chest X-ray• Colonoscopy</li><li>• Electron Beam Tomography</li><li>• Fasting blood glucose test</li></ul>	<ul style="list-style-type: none"><li>• Flexible Sigmoidoscopy</li><li>• Hemoccult stool analysis</li><li>• Homocysteine level</li><li>• Mammography</li><li>• PSA (blood test for prostate cancer)</li><li>• Pap Smear</li><li>• Serum cholesterol test to determine level of HDL/LDL</li><li>• Serum Protein Electrophoresis (blood test for myeloma)</li><li>• Stress test on a bicycle or treadmill</li><li>• Thermography</li></ul>

# MONTHLY PREMIUM



ACCIDENT MONTHLY PREMIUM	
Partner	\$20.08
Partner + Spouse	\$28.75
Partner + Child(ren)	\$36.50
Family	\$40.97

This plan is not available in AK, HI, MN, and PR.  
Eligible partners must be working a minimum of 20 hours per week to qualify for insurance. Rates include insurance premiums and administrative fees for continuation, enrollment and marketing.  
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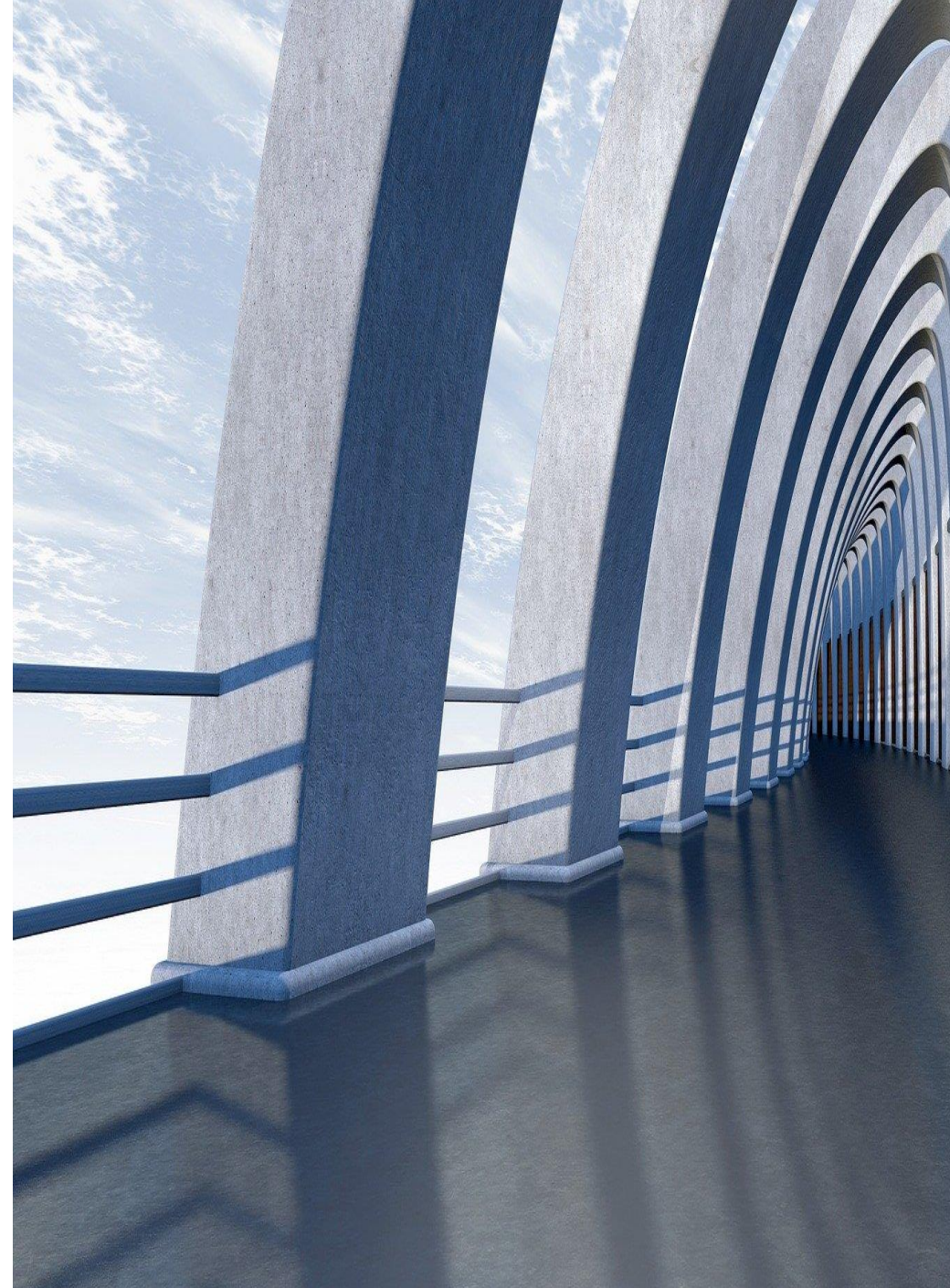
# Whole Life Insurance

## HIGHLIGHTS

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- **Guaranteed Issue up to \$100,000** for primary; \$15,000 for spouse
- **Level Premium**
- **Guaranteed Death Benefit** coverage to age 95
- **Cash Value Accumulation** (3% minimum)
- **Endowment at age 95**
- **Ages 18-70**; 20 hour minimum weekly working requirement
- **Portable**

FOR AGENT USE ONLY



FOR AGENT USE ONLY	Employee Life Plan Details
Policy Highlights	
Eligibility	<b>Age</b> <b>Partner-</b> Minimum Age 18; Maximum Age 70 <b>Spouse-</b> Minimum Age 18; Maximum Age 70 <b>Children-</b> Minimum Age 15 Days; Maximum Age 25
Affordable, Flexible Protection	You choose the amount of insurance or the amount of premium that best suits your needs and budget from <b>\$5,000 up to \$100,000 Guaranteed Issue</b> for limited partner and up to \$15,000 Guaranteed Issue for spouse. Child coverage offered in Children’s Term Rider.
Policy Values*	As long as premiums are paid, this coverage offers a guaranteed cash value that can grow over the years. While this value can never be less than the 3% guaranteed amount, this coverage gives the advantage of potential cash values in excess of the guaranteed amount. The current interest rate in effect when the policy is issued is guaranteed for the first year. On each policy anniversary date, the policyholder will receive an annual statement outlining the policy’s accumulated value and changes in the interest rate, if any. * The actual cash value may be decreased by loans or withdrawals. Additional interest rate kickers at years 11-15 and 16+.
Constant Coverage	Participants are protected worldwide, 24 hours a day. The policy is owned by the partner and supplements any other insurance they may have.
Portable	The plan remains in force as long as premiums continue to be paid; and the permanent plan premiums cannot be increased. If the partner changes jobs or retires, as long as they continue to pay premiums, the insurance will remain in force without interruption. Boston Mutual will bill the policyholder at home and they may choose from several payment options — annual, semiannual, quarterly, monthly coupon book or monthly automatic check plan.
Riders	
Children’s Term Rider	Rider provides level term coverage for <b>\$10,000</b> or <b>\$25,000</b> for all unmarried, dependent children, ages 15 days – up to and including age 25 years.

	Cont. Employee Life Plan Details
Riders Cont.	
Accidental Death Benefit (ADB)	The Accidental Death Benefit could double or even triple the death benefit. This benefit pays an additional amount equal to the basic coverage to the beneficiary if the insured is killed accidentally. If accidental death occurs while the insured is a passenger on a bus, plane, train or any other common carrier, this benefit pays the ADB as above but will also pay an additional benefit of the basic coverage (up to a maximum of \$100,000). Any Basic Plan participant age 5 years through age 60 is eligible for this benefit.



WHOLE LIFE		
SAMPLE MONTHLY PREMIUM – NON-TOBACCO		
Age	Amount You Will Pay	Amount of Death Benefit
Age 25		\$50,000
Age 30		\$50,000
Age 35		\$50,000
Age 40		\$50,000
Age 45		\$50,000
Age 50		\$50,000

This plan is not available in AK, HI, NY and PR.  
Eligible partners must be working a minimum of 20 hours per week to qualify for insurance.  
FOR AGENT USE ONLY



# ENROLLMENT PROCESS

1. **Client enrolls him/herself** through your unique enrollment portal link.

During this process, client checks a box that they understand:

*"In order to be eligible to access the America's Consumers & Affiliates Limited Partnership group health plans, you must*

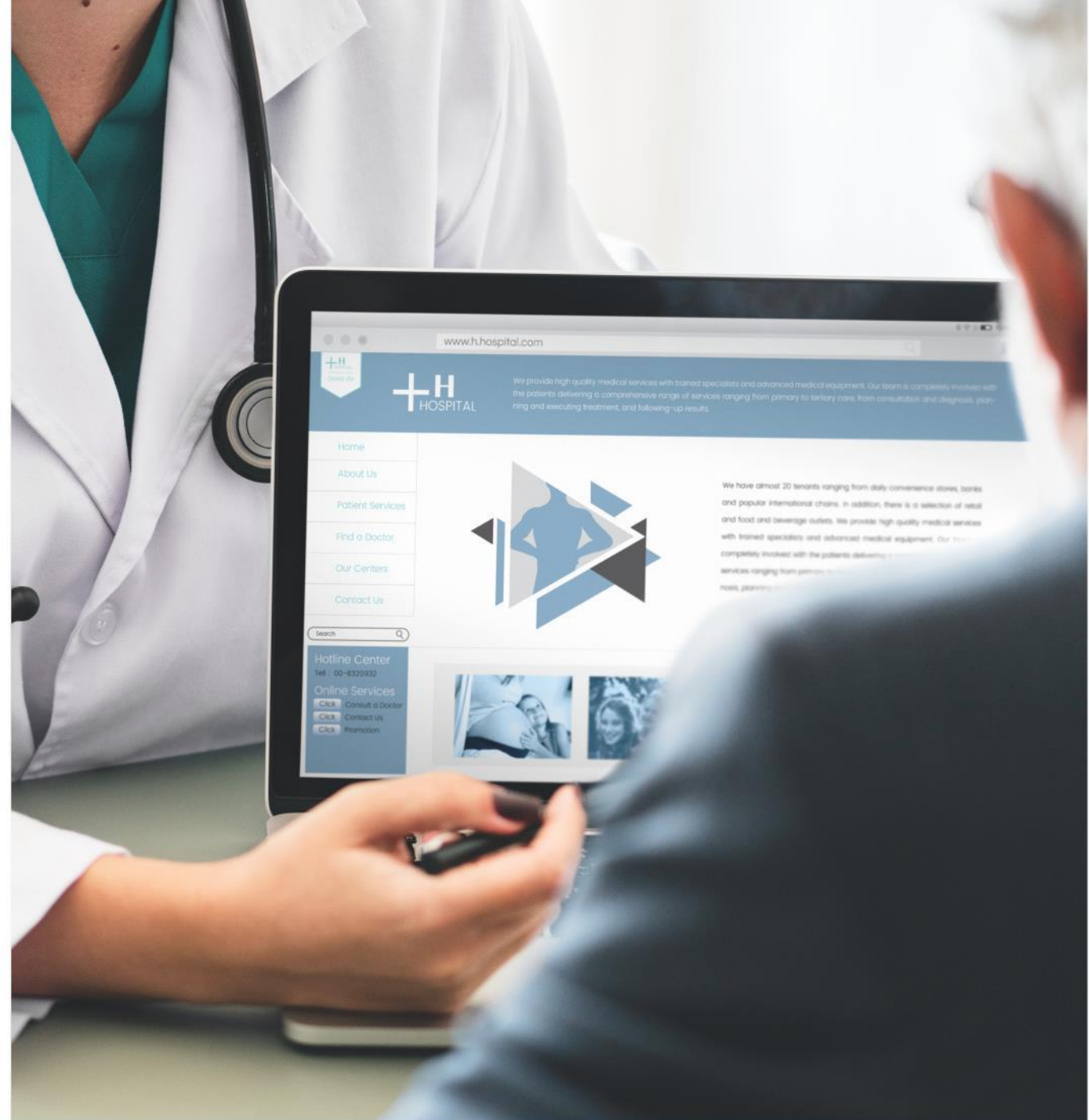
- **electronically sign** the Limited Partnership Joinder Agreement;
- **download the Limited Partnership data tracking application** and sign in using your partnership ID, which will be sent to you via email by OurDataMarket within 7 - 10 days; and
- **commit to securely sharing** your browsing data. The data collected is limited in scope and is completely anonymous.

*No personal information is stored in the app. For more information, please visit <https://ourdatamarket.com/about>"*

☐ I agree that I have satisfied or am committed to satisfying each of these plan eligibility requirements and hereby affirm that I am a valid participant of the Limited Partnership."

2. **Client receives e-sign documents** to join the Limited Partnership from Enrollment First. When complete, this is followed by an email from the LP with a unique PIN and **link to download** the DataBanking app.

3. To summarize, enrollee must **sign the joinder agreement to finalize enrollment** and **download the app to become/remain an active partner** to maintain their benefits.



# WHO'S THE MARKET?

- Healthy, working individuals age 18+
- Individuals not receiving benefits through work
- Individuals who cannot afford their employer-sponsored benefits
- Sole Proprietors and 1099 Independent Contractors

- Are you receiving benefits from an employer?
- Are you actively at work?
- Are you open to receiving benefits through partnering with a Limited Partnership?

# KEY QUESTIONS



# TECHNOLOGY

## General Overview

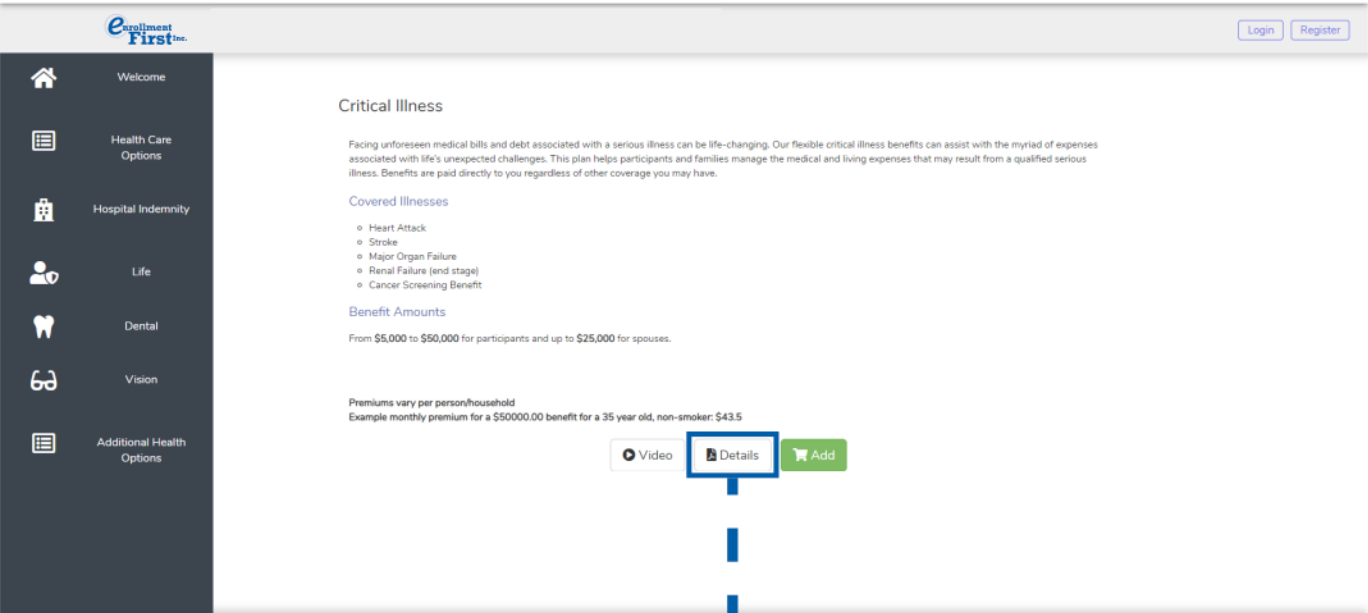
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1. Unique Enrollment Portal for Every Broker
2. Virtual Back Office for Every Broker





# ONLINE ENROLLMENT PORTAL



## CriticalAssistance® Advance Critical Illness Insurance



### What Is It?

Concentrate on your recovery, not your finances. Critical illness insurance provides a single cash benefit paid directly to you if you're diagnosed or treated for a covered critical illness -- giving you the flexibility to help pay bills related to treatment or to help with everyday living expenses, such as car payments, the mortgage, groceries, or utility bills. Consider how you would manage if you were unable to work due to an illness.

#### CriticalEvents®

<b>Critical Illness Benefit</b>	Critical illness insurance provides a lump-sum cash benefit which the primary can use however they wish. After the critical illness diagnosis, the insured person will receive a lump-sum percentage of the elected benefit amount. The diagnosis must be made after the effective date of the certificate.
<b>Recurrent Critical Illness Benefit Rider</b>	This benefit provides each insured person with an opportunity to receive an additional payment for the same critical illness. The Recurrence Benefit is a percentage of the Critical Illness Benefit amount and the percentage is selected by the association. A recurrence of the same critical illness must be separated by a 12 month waiting period. Only one Recurrence Benefit will be paid for each critical illness.
<b>Wellness Indemnity Benefit Rider</b>	This benefit can help pay the costs for a screening test for early disease signs and lead to earlier intervention, better outcomes and healthier primaries. The benefit is payable once per calendar year per insured person.
<b>First Occurrence</b>	First occurrence after effective date
<b>Rate Structure</b>	Voluntary - Issue Age

#### Covered Critical Illnesses

Illness covered under policy	Percentage of Benefit Amount
Heart Attack	100%
Stroke	100%
Life Threatening Cancer	100%
Major Organ Transplants	100%
End Stage Renal Failure	100%
Blindness and/or Deafness	100%
Amyotrophic Lateral Sclerosis (Lou Gehrig's Disease)	100%
Coronary Artery Bypass Surgery	25%
Carcinoma In Situ	25%
Prostate Cancer with TNM Classification of T1	25%
Angioplasty	5%
Skin Cancer	5%

Additional Benefit	Benefit Amount
Wellness Indemnity Benefit	\$50
Recurrent Critical Illness Benefit Rider	50%



### Sample Premiums for Primary - Non-Tobacco Rates



Age	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	Age	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000
18-29	\$13.90	\$16.85	\$19.80	\$22.75	\$25.70	\$28.65	50-59	\$35.10	\$48.65	\$62.20	\$75.75	\$89.30	\$102.85
30-39	\$15.10	\$18.65	\$22.20	\$25.75	\$29.30	\$32.85	60-64	\$66.50	\$95.75	\$125.00	\$154.25	\$183.50	\$212.75
40-49	\$22.30	\$29.45	\$36.60	\$43.75	\$50.90	\$58.05	65+	\$77.20	\$111.80	\$146.40	\$181.00	\$215.60	\$250.20

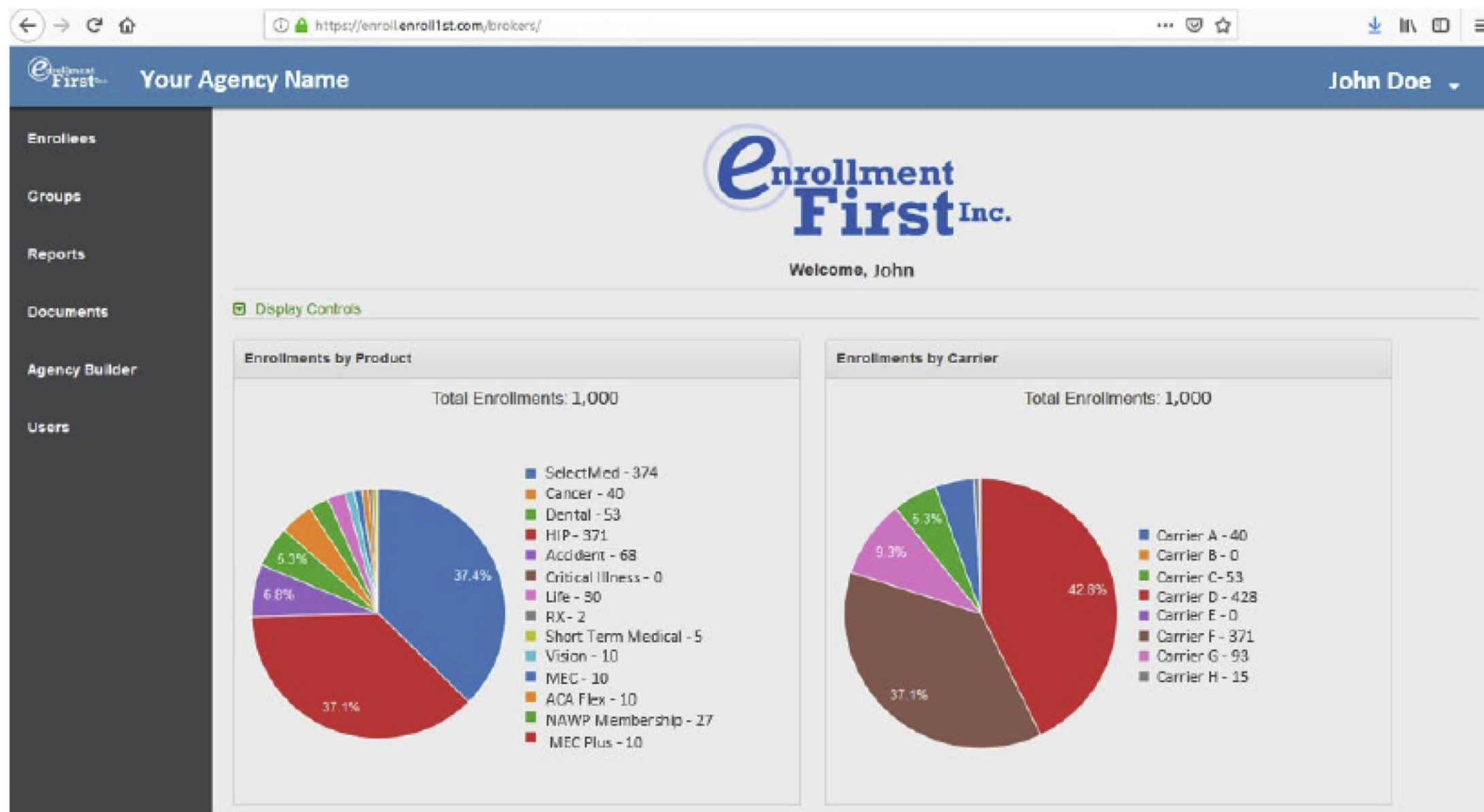
MONTHLY

MONTHLY

132978 10/19

This is a brief summary of CriticalAssistance® Advance critical illness insurance underwritten by Transamerica Life Insurance Company, Cedar Rapids, Iowa. Policy form series CPC0400 and CC0400. Form and numbers may vary. Insurance may not be available in all jurisdictions. Limitations and exclusions apply. Refer to the policy, certificate and riders for complete details.

# BROKER BACK OFFICE



# NEW PLATFORM COMING THIS YEAR!

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Our technology is getting stronger. Stay tuned for more information about our new enrollment platform coming in 2021!





# CONTRACTING

## 100% Digital Process

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1. Register using the unique link provided by your upline
2. Complete e-sign documents emailed to you after registration; submit GA license and residential license
3. Apply for appointment with Transamerica Employee Benefits Division
4. Watch for an email with links to your enrollment portal & back office





We are excited to partner with you!

BROKER SUPPORT

 (866) 951-8404

 BrokerSupport@enrollfirst.com

