



# GAYLAN WHENDRICKS

# SPOUSE IN THE HOUSE

Age 65: Manhattan Life/ Affordable Choice
The Path to Package of Protection with Hospital Indemnity Plans





# GAYLAN \*\* HENDRICKS

30-60-90 SALES

### **INSURANCE "CLAIMS" UTILIZATION**

**FOR AGENT USE ONLY** 

#### Chance a claim is filed in an individual's lifetime

Below are several different types of insurance purchased during a lifetime that are rarely used:

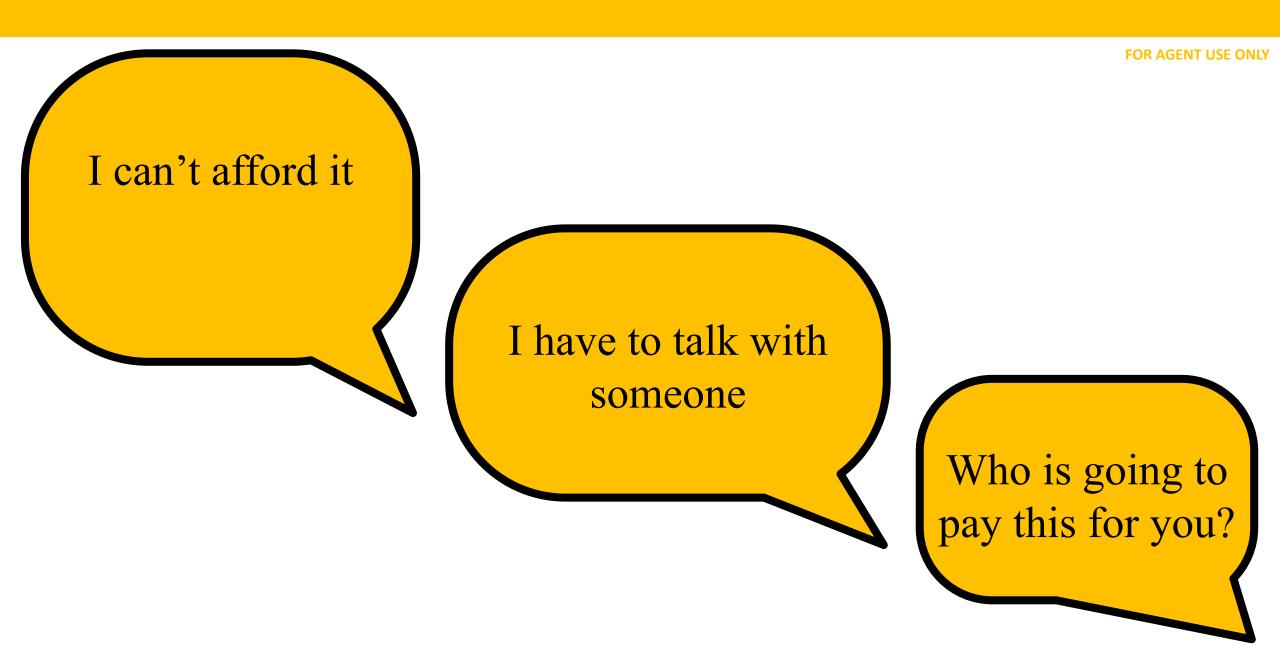
YOU, THE AGENT NEED ALL OF THESE PLANS!

GET CONVICTED!

**WHAT YOU DO MATTERS!** 

#### Type of Insurance: Likelihood of Filing a Claim 100.00% 100.00% 100% Required to have two, not required to have the other four. Look how 90% often they would file if they did. 80% 70.00% 70% 60% 50% 40.00% 40% 30% 20% 10% 0.04% 0.06% 0% **Auto Policy** Long Term Care Final Expense Home Owners Cancer Dental

## **COMMON OBJECTIONS**



### AFFORDABLE CHOICE BROCHURE

**FOR AGENT USE ONLY** 





## The Affordable Choice Enhanced

Today's solution, for the problems of tomorrow.

This is a Hospital Confinement and other Fixed Indemnity Insurance Policy Underwritten by ManhattanLife Assurance Company of America and Family Life Insurance Company Know your products inside & out, use your brochures as tools!

Click here for Brochure PDF

## **Affordable Choice**

#### AFFORDABLE CHOICE PLAN COMPARISON

ATTO		cal and Hospitalizat	Annual Committee Committee Committee	JON	
	0	ELITE PLUS	ELITE	CLASSIC PLUS	CLASSIC
Inpatient Hospital Confinement (per Inpatient Day)		\$6,000	\$4,000	\$3,000	\$2,000
Building Benefit Injury Reimbursement	Year 2	\$7,500	\$5,000	\$3,750	\$2,500
Inpatient Hospitalization Benefits	Year 3	\$9,000	\$6,000	\$4,500	\$3,000
increase 25% each year, years 2-5, for	Year 4	\$10,500	\$7,000	\$5,250	\$3,500
injury-related hospital stays. (per day)	Year 5	\$12,000	\$8,000	\$6,000	\$4,000
Hospital Admission Benefits (for the first Inpatient Day per calendar year	)	\$3,000	\$2,000	\$1,000	\$1,000
Emergency Room (Per day/calendar year maximum)		\$300/2 CY	\$300/2 CY	\$250/1 CY	\$250/1 CY
Urgent Care (Per day/calendar year maximum)		\$300/4 CY	\$300/4 CY	\$250/2 CY	\$250/2 CY
Surgery Benefit Daily surgical benefits for both inpatient and outpatient surgery. The reimbursement sch for 1 unit is similar to what is payable under Medicare Physician Fee Schedule for surger (Maximum \$50,000 benefit per calendar ye	edule the ies.	3 X the policy fee schedule	2.5 X the policy fee schedule	2 X the policy fee schedule	1 X the policy fee schedule
Ambulatory Surgical Benefit If outpatient surgery is performed in an Am Surgical Center or Outpatient Hospital facili the benefits payable include the surgical an anesthesia benefits in addition to per day ambulatory/outpatient facility benefit.	bulatory ty,	\$3,000	\$2,500	\$2,000	\$1,000
Daily Assistant Surgeon Benefit			Pays 20% of the elig	ible surgical benefit	
Daily Anesthesiologist Benefit			Pays 25% of the elig	ible surgical benefit	
Doctor's Office Visit with Rollover		\$200/10 days	\$175/10 days	\$125/8 days	\$75/6 days
(Per day/per calendar year)		Rollover p	rovision allows five-	visit carryover per p	olicy year.
Prescription Benefit (Per Day)		\$75	\$50	\$50	\$25
Outpatient Medical Benefits Preventative Services: (per service)	lonoscopy Pap PSA	\$600 \$300 \$300	\$600 \$300 \$300	\$500 \$250 \$250	\$500 \$250 \$250
Laboratory Services: Surgical (per day) Other Laborator	Pathology V Services	\$300 \$50	\$300 \$50	\$200 \$50	\$200 \$50
Therapy Services: (per day for physical, occupational, speed	ch)	\$75	\$75	\$50	\$50
Radiology Services: (per day: MRI/PET s CT scan/mammogram/other radiology		\$700/\$700/ \$700/\$300/\$250	\$600/\$600/ \$600/\$300/\$250	\$500/\$500/ \$500/\$250/\$200	\$300/\$300/ \$300/\$250/\$200
Calendar year limit for all Outpatient Ben	efits	\$8,000	\$6,000	\$4,000	\$4,000
Ground and Air Ambulance Limit of 2 daily benefits per calendar year for all ambulance transportation (per d	ay*)	\$150 Ground Ambulance \$1,500 Air Ambulance			
Allergy Shots and Immunization** (chi (per day allergy shots/immunizations)	ld only)	\$10/\$25			
Cancer Benefit Pays for Radiation, Chemotherapy, & Immune (per day/40 days per calendar year)	otherapy	\$2,000	\$2,000	\$1,000	\$1,000
Inpatient Hospital Confinement/ Building Benefit Injury Reimbursement			\$1,000,000 cale	endar year limit	
Prescription Benefit			\$750 calendar	year maximum	
Allergy Shots and Immunization			\$100 calendar	year maximum	
Lifetime Maximum			\$5,00	0.000	

<sup>\*</sup>In Mi, only one per day benefit will be paid per day, regardless of how many trips are made for that day.

The plans shown above are limited benefit fixed-indemnity plans and benefits are per Covered Person. This is not a major medical insurance plan. Fixed-indemnity benefits are provided for hospital confinement and specified medical and surgical events. These benefits are paid in daily amounts for covered events without regard to the costs of services rendered. This plan does not provide expense reimbursement for charges based on your health care provider's statement.

#### AFFORDABLE CHOICE MONTHLY PREMIUMS

14		ELITE PLUS	ELITE	CLASSIC PLUS	CLASSIC
	Individual	\$172.43	\$130.06	\$101.92	\$75.67
67-0	Individual and Spouse*	\$340.04	\$255.27	\$198.98	\$146.43
200	Individual and Child(ren)	\$373.97	\$271.93	\$208.13	\$151.06
	Individual and Family**	\$569.05	\$416.46	\$319.64	\$232.08
	Individual	\$217.88	\$164.28	\$126.02	\$94.83
	Individual and Spouse*	\$430.97	\$323.76	\$247.23	\$184.78
,	Individual and Child(ren)	\$419.42	\$306.15	\$232.23	\$170.22
	Individual and Family**	\$659.85	\$484.84	\$367.80	\$270.38
				\$183.38	\$129.09
	Individual	\$259.43	\$195.87	\$148.06	\$112.46
	marvidadi	\$259.45	\$195.07	φ140.00	\$112.40
	Individual and Spouse*	\$513.92	\$386.78	\$291.14	\$219.94
,					
,	Individual and Spouse*	\$513.92	\$386.78	\$291.14	\$219.94
,	Individual and Spouse* Individual and Child(ren)	\$513.92 \$460.97	\$386.78 \$337.75	\$291.14 \$254.27	\$219.94 \$187.85
	Individual and Spouse* Individual and Child(ren)	\$513.92 \$460.97	\$386.78 \$337.75	\$291.14 \$254.27	\$219.94 \$187.85
	Individual and Spouse*  Individual and Child(ren)  Individual and Family**	\$513.92 \$460.97 \$742.93	\$386.78 \$337.75 \$548.00	\$291.14 \$254.27 \$411.83	\$219.94 \$187.85 \$305.61
	Individual and Spouse* Individual and Child(ren) Individual and Family** Individual	\$513.92 \$460.97 \$742.93 \$367.21	\$386.78 \$337.75 \$548.00 \$278.76	\$291.14 \$254.27 \$411.83 \$205.02	\$219.94 \$187.85 \$305.61 \$158.46
0	Individual and Spouse* Individual and Child(ren) Individual and Family** Individual Individual	\$513.92 \$460.97 \$742.93 \$367.21 \$729.52	\$386.78 \$337.75 \$548.00 \$278.76 \$552.62	\$291.14 \$254.27 \$411.83 \$205.02 \$405.12	\$219.94 \$187.85 \$305.61 \$158.46 \$311.99

**FOR AGENT USE ONLY** 

- ANY Doctor ANY Hospital
- Cash indemnity plans=Cash NEGOTIATED prices
- Guarantee Renewable
  - Non Cancelable
    - Rate Stability
- Not required to be assigned to hospitals or providers

<sup>\*\*</sup> In MI, Immunization does not apply.

<sup>\*</sup> In IL, spouse or civil union partner

<sup>\*\*</sup> Family rates include up to four children. Additional children are charged the Child rate.

#### **Affordable Choice Benefits**

**FOR AGENT USE ONLY** 

#### Low Cost Ancillary Services

#### First Health Network

- More than 810,000 physicians and healthcare professionals.
- Over 1.5 million service locations across all 50 states.
- More than 5,900 hospitals
- Over 125,000 ancillary facilities

Phone: 1-800-226-5116

Web: https://providerlocator.firsthealth.com/home/index

Client Code: FHIND





Prescription Benefit Partner\*

- Discounts to 80%
- Accepted at over 67,000 pharmacies nationwide
- Discounts on over 10,000 medications
- Completely free to use



Phone: 888-879-7336

Drug Pricing Tool: www.findlowrx.com

Web: https://www.rxedo.com/ (to learn more about this service)

CT



ManhattanLife has partnered with Green Imaging to provide diagnostic imaging services to you at a significantly discounted rate.

#### Services Include:

- Nuclear Medicine X-Ray
- Ultrasound DXA
- PET/CT
- Phone: 1-844-968-4647
- Email: info@greenimaging.net



Web: https://greenimaging.net/

#### How you save with Affordable Choice



- TeleMedicine with Clinic Access
- Pharmacy Savings
- Lab Testing
- Behavioral Health
- Healthcare Liaison's



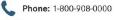
Web: https://manhattanlife.telahealthconsultants.com/



#### , DirectLabs°

DirectLabs is a leader in direct access laboratory testing. They offer a wide variety of blood chemistry tests directly to you at discounted rates.

- Wellness Profile
- CMP-14
- Cardio Plus
- PSA
- Lipid Profile Vitamin D



Web: https://www.directlabs.com/



Client Code: R-MLAC (code for all phone orders)

#### HealthAdvocate\*

- Help with healthcare coordination
- Assistance with 2nd opinions
- Medical Bill Saver & RX Shopper
- Health Advocacy offers you expert assistance with a wide range of healthcare and insurance related issues.



Email: Answers@healthadvocate.com







Perfect ACA Companion plan

No Copay on TelaHealth

**Keeps clients out of** bankruptcy

Won't sell your info!



Phone: 866-969-3435

Web: www.healthadvocate.com/members

#### WHAT'S IN IT FOR ME?

**FOR AGENT USE ONLY** 

- Average Cancer, Heart Attack or Stroke annual premium is \$350
- 80% 1<sup>st</sup> year commission in most states **Year 1 comp just increased 25%!!!**
- 6% renewal comp (yrs. 2-10) in most states
- \$350 x 80% = \$280 in 1st year commissions
- 1 sale per week = \$14,560 in new CHAS commission on top of your Med Sup, MA and/or ACA commission from the same client!
- Policy pays a maximum 9-month advance
- Clients rarely drop CHAS because the premiums are reasonable and they're afraid they'll get CHAS after they drop it.

#### How does Aetna's commission compare?

Aetna	GTL	Cigna	Mutual of Omaha
80%	50%	60%	60%

#### What's In It For Me?

#### **STREET LEVEL COMMISSIONS (TEXAS)**

**FOR AGENT USE ONLY** 

Product	Monthly Premium	Commission Rate	Monthly Commission	First Year Commission
Affordable Choice	\$278.76	30%	\$83.63	\$1,003.54
Out of Pocket Protection	\$42.10	30%	\$12.63	\$151.56
Lump Sum Cancer Plan	\$62.50	80%	\$50.00	\$600.00
Lump Sum Heart Attack/Stroke Plan	\$19.17	80%	\$15.34	\$184.08
24 Hour Accident Plan	\$35.31	30%	\$10.59	\$127.12
Home Healthcare	\$32.80	60%	\$19.68	\$236.16
Omni Flex	\$97.00	55%	\$53.35	\$640.20
Dental, Vision & Hearing	\$59.58	40%	\$23.83	\$285.98
Final Expense	\$27.90	105%	\$29.30	\$351.54
TOTAL AGENT ANNUAL INCOME				\$3,580.18

<sup>\*</sup>premium based on female age 59 non smoker TX



<sup>\*\* 3</sup> of these packages at 50 weeks would create a \$537,027 annual income in first year commissions

#### Don't be afraid to show your clients what this plan does and doesn't do!

FOR AGENT USE ONLY

# Claim Example #1: Hospital Stay

**Hospital Stay** 

**Description of Transaction** 

Total Charges - 7 days

Total Adjustments/Network Discounts

**Current Balance** 

**Affordable Choice Pays** 

**Description of Transaction** 

Admission Benefit

Hospital Days at \$4,000

**Total Paid** 

Amount:\*

\$41,660.41

-\$18,747.18

\$22,913.23

Amount:\*

\$2,000.00

+\$28,000.00

\$30,000.00

Have your calculator ready to do the math for your client!

SHOW THEM THE FINANCIAL DIFFERENCE!

<sup>\*</sup>Amounts based on Affordable Choice claims data. Results may vary.

# Package of Protection Price Comparison



#### Claim Example #1

**Hospital Stay** 

**Description of Transaction** 

Total Charges - 7 days Total Adjustments/Network Discounts

**Current Balance** 

**Affordable Choice Pays Description of Transaction** 

Admission Benefit

Hospital Days at \$4,000 **Total Paid** 

Female Age 59 \$180K HH Income Non Smoker

		ACA with No Subsidy	Affordable Choice Package of Protection 1
•	Bronze HSA/ ACA Plan Premium at 12 Mo	\$1,207.90 X 12= \$14,494.80	
	Affordable Choice Premium at 12 Mo		\$278.67 x 12= \$3,345.12^
	P.O.P Add Ons at 12 Mo		\$375.36 x 12= \$4,504.32~
	ACA OOP* Self Insured Risk**	\$9,100	Cash Negotiated Discounts
	In Network/ Out of Network	*Network Plan Only	Any Doctor Any Hospital Any Provider

Amount:\* \$41,660.41 -\$18,747.18

\$22,913.23

Amount:\* \$2,000.00 +\$28,000.00 \$30,000.00 **ACA Insurance company would pay Hospital:** \$22,913.23 - (\$9,100 Client responsibility)= \$13.813.23

Money paid to client from Manhattan Life: AFC = \$30,000OOP= \$6350 + 700= \$7050 Total Received MLAC= \$37,050

With this **Package of Protection** this client is fully diversified.

#### **Package of Protection Plan** Design

^Affordable Choice (AFC)- Elite Plus \$278.76

~MLAC Out of Pocket Protection-\$100/day + Host. Adm. \$6,350= \$42.10

Aetna Cancer Only/\$30K= \$62.50

Aetna Heart Attack/ Stroke \$10K= \$19.17

MLAC 24 Hour Accident 2 Unit= \$35.31

MLAC HHC Deluxe= \$32.80 MLAC Omni Flex= \$96.00

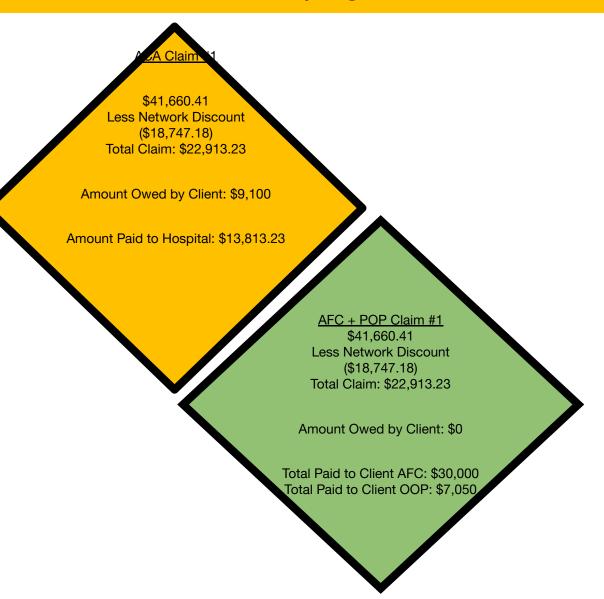
MLAC\_DVH Traditional \$3K= \$59.58

# **ACA Marketplace Price Comparison**

No Subsidy- High Net worth Clien
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#### **ACA "MARKETPLACE" PRICE**

Premium 12 Mo \$14,494.80 Deductible (HSA) Co Pays \$9.100.00 Total OOP In/Out Network \$23,594.80 Total Paid to Client \$0.00 Total Paid by Client \$23,594.80



Premium 12 Mo \$3,345.12 Guaranteed Renewable POP Add ons at 12 Mo \$4,504.32 **Guaranteed Renewable** Deductible Co Pays \$0.00 Total OOP In/Out Network \$7,849.44 23,594.80 Total Paid Out of Pocket by \$31,444.24 Client Total Paid to Client \$37,050.00 \$5,605.76

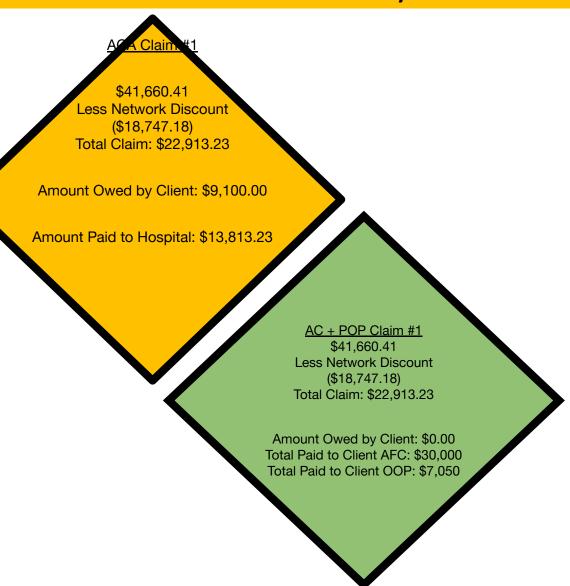
# **ACA Marketplace Price Comparison**

With 100% Subsidy HMO Plan

Premium 12 Mo Guaranteed Renewable	\$3,345.12
POP Add ons at 12 Mo Guaranteed Renewable	\$4,504.32
Deductible Co Pays Total OOP In/Out Network	\$0.00
	\$7,849.44
	\$9,100.00
Total Paid Out of Pocket by Client	\$16,949.44
Total Paid to Client	\$37,050.00
	\$20,100.56

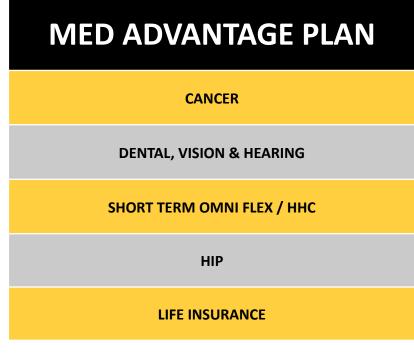
#### **ACA "MARKETPLACE" PRICE**

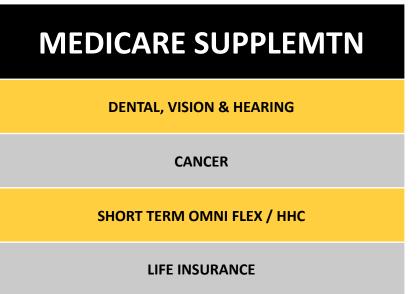
Premium 12 Mo	\$0.00
Deductible (HSA) Co Pays Total OOP In/Out Network	\$9,100.00
Total Paid by Client If Claims Accrue	\$9,100.00
Total Paid to Client	\$0.00
Total Paid by Client	\$9,100.00



# "Spouse in the House" Common Packages of Protection

ACA PLAN WITH OR WITHOUT SUBSIDY
AFFORDABLE CHOICE
OUT OF POCKET PROTECTION/ LIMITED HI
CANCER
DENTAL, VISION & HEARING
HEART ATTACK & STROKE
24 HOUR ACCIDENT
SHORT TERM OMNI FLEX / HHC
LIFE INSURANCE







# Stay Connected









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# Q&A





WATCH THESE INTERVIEWS OF CUSTOMER TESTIMONIALS







# **Thank You!**