

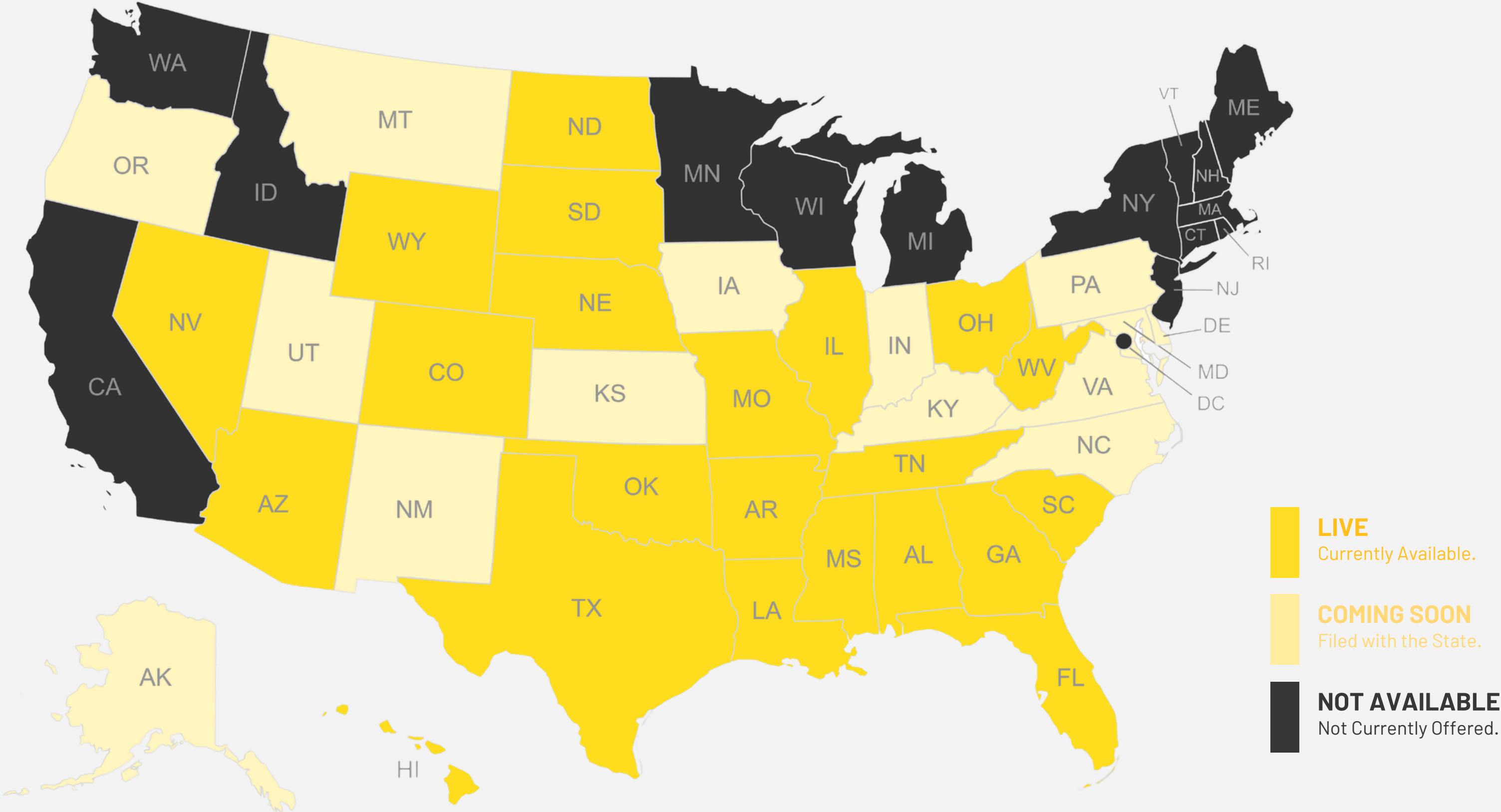
HEARTLAND NATIONAL LIFE INSURANCE COMPANY

HOSPITAL INDEMNITY

Secure Select

Presented by Kim Byrnes

State Availability.



What Changed?

Base Plan	
Features	Issue Ages 18-85, 12-month GI window (ages 64 1/2 to 65 1/2)
Hospital Confinement Benefits	\$100-\$600 per day for 3-10, 15, 20, or 31 days
Restoration Period	60 days
Built-In Benefits	Emergency Room (\$150), Observation Unit (Base Plan Benefit)
Application Fee	\$25
Optional Riders	
Lump Sum Cancer	Pays \$1,000-\$20,000, Recurrence Benefit with 5 year Restoration
Lump Sum Hospital Confinement	Pays \$500-\$2,500, 2 visits per calendar year
Lump Sum Outpatient Surgery	Pays \$100-\$1,000, 2 procedures per calendar year
Skilled Nursing Facility	Pays \$150 or \$200 per day, covered days 21-100
Ambulance	Pays \$200 per Ambulance Ride; Payable three times per calendar year
Wellness	Pays \$25 per Health Screening Test; Up to \$100 per calendar year
Dental, Vision, Hearing	\$1,000 or \$1,500 per calendar year

What Changed?

Everything.

Base Plan	
Features	Issue Ages 18-85, 12-month GI window (ages 64 1/2 to 65 1/2) EXTEND
Hospital Confinement Benefit	\$100-\$1,000 per day for 3-10 ~~15-21~~ , or 1 day NEW BUILT-IN BENEFITS
Restoration Period	30 ~~60~~ days IMMEDIATE
Built-In Benefits	Emergency Room (\$1,000), Observation Room (\$1,000) RE
Application Fee	\$25 GONE
Optional Riders	
Lump Sum Cancer	Pays \$1,000 ~~\$25,000~~ , 5-year Restoration NEW RIDERS
Lump Sum Hospital Confinement	Pays \$500 ~~\$2,500~~ , 2 visits per calendar year KEEP
Lump Sum Outpatient Surgery	Pays \$100 ~~\$1,000~~ , 2 procedures per calendar year MAJOR & MINOR DIAGNOSTIC TESTING
Skilled Nursing Facility	Pays \$150 or \$200 per day, covered days 21-100 OUTPATIENT THERAPY RIDER
Ambulance	Pays \$200 per Ambulance Ride; Payable three times per calendar year PRESCRIPTION DRUG REIMBURSEMENTS
Wellness	Pays \$20 per ~~wellness screening~~ up to \$100 per calendar year HOME HEALTH CARE
Dental, Vision, Hearing	\$1,000 or \$1,500 per calendar year 1-20 21-100 1-100 10X MULTIPLIER (AIR AMBULANCE)

Don't start with the product.

Don't start with the ~~product.~~
Start with the client.

When your coverage needs backup.

A needs-based approach to selling supplemental protection

↳ Identify Needs.

↳ Position the Product.

↳ Explain the Benefits.

↳ Overcome Objections.

Identify Needs.

★ Effective Questions

- “Do you know what your copay would be if you were hospitalized tomorrow?”
- “Have you considered the costs that occur before and after a hospitalization?”
- “How much of an unexpected medical expense are you comfortable paying out of pocket?”
- “Can I see a copy of your hospital card?”

★ Sales Techniques

- Storytelling. Use personal testimonials.
- Walk through their Summary of Benefits together.

Inpatient Hospital Stay.

Medical Benefits

INPATIENT HOSPITAL COVERAGE

This plan covers an unlimited number of days for an **\$375** copay per day for days 1-7 inpatient stay
\$0 copay per day for days 8-90

OUTPATIENT HOSPITAL COVERAGE

Diagnostic colonoscopy **\$0** copay

Diagnostic mammography **\$0** copay

Surgery services **\$300** copay

AMBULATORY SURGERY CENTER

Diagnostic colonoscopy **\$0** copay

Surgery services **\$200** copay

DOCTOR VISITS

Primary Care Provider (PCP)

- PCP's office: **\$0** copay
- Telehealth: **\$0** copay

Specialist

- Specialist's office: **\$30** copay
- Telehealth: **\$30** copay

\$2,625 out of pocket for 7 days in the hospital

Copays that **reset** every period of care

Inpatient Hospital Stay.



Medical Benefits

INPATIENT HOSPITAL COVERAGE

This plan covers an unlimited number of days for an **\$375** copay per day for days 1-7 inpatient stay
\$0 copay per day for days 8-90

OUTPATIENT HOSPITAL COVERAGE

Diagnostic colonoscopy **\$0** copay

Diagnostic mammography **\$0** copay

Surgery services **\$300** copay

AMBULATORY SURGERY CENTER

Diagnostic colonoscopy **\$0** copay

Surgery services **\$200** copay

DOCTOR VISITS

Primary Care Provider (PCP)

- PCP's office: **\$0** copay
- Telehealth: **\$0** copay

Specialist

- Specialist's office: **\$30** copay
- Telehealth: **\$30** copay

Out-of-pocket costs

Inpatient Hospital Stay
 $\$375 \times 7 \text{ days} = \$2,625$

Emergency Room.

EMERGENCY CARE

Emergency services at emergency room

If you are admitted to the same hospital within 24 hours for the same condition, you pay \$0 for the emergency care you received. **We cover**

emergency services worldwide. If you have an emergency outside of the U.S. and its territories, you will be responsible to pay for the rendered service(s) upfront and can request reimbursement.

When placed in observation, member pays observation cost-share instead of emergency room cost-share.

\$130 copay

Out-of-pocket costs

Inpatient Hospital Stay

$\$375 \times 7 \text{ days} = \$2,625$

Emergency Room = \$130

Observation Unit.

Outpatient hospital observation

Observation services are hospital outpatient services given to determine if you need to be admitted as an inpatient or can be discharged.

In-Network:

\$375 copayment

– Outpatient Hospital

Out-of-pocket costs

Inpatient Hospital Stay
 $\$375 \times 7 \text{ days} = \$2,625$

Emergency Room = \$130

Observation = \$375

Urgent Care.



Medical Benefits (cont.)

URGENTLY NEEDED SERVICES

Urgently needed services are provided to treat a non-emergency, unforeseen medical illness, injury or condition that requires immediate medical attention. **We cover urgently needed services worldwide. If you have an urgently needed service outside of the U.S. and its territories, you will be responsible to pay for the rendered service(s) upfront and can request reimbursement.**

- Telehealth: **\$65** copay
- Urgent care center: **\$65** copay

Out-of-pocket costs

Inpatient Hospital Stay
 $\$375 \times 7 \text{ days} = \$2,625$

Emergency Room = \$130

Observation = \$375

Urgent Care = \$65

Mental Health Hospitalization.

MENTAL HEALTH SERVICES

Inpatient

This plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital

\$334 copay per day for days 1-7
\$0 copay per day for days 8-90

Out-of-pocket costs

Inpatient Hospital Stay
 $\$375 \times 7 \text{ days} = \$2,625$

Emergency Room = \$130

Observation = \$375

Urgent Care = \$65

Mental Hospital = $\$334 \times 7$

Outpatient Surgery.

OUTPATIENT HOSPITAL COVERAGE

Diagnostic colonoscopy	\$0 copay
Diagnostic mammography	\$0 copay
Surgery services	\$300 copay

AMBULATORY SURGERY CENTER

Diagnostic colonoscopy	\$0 copay
Surgery services	\$200 copay

Out-of-pocket costs

Inpatient Hospital Stay
 $\$375 \times 7 \text{ days} = \$2,625$

Emergency Room = \$130

Observation = \$375

Urgent Care = \$65

Mental Hospital = $\$334 \times 7$

Outpatient Surgery = \$300

Skilled Nursing Facility.

SKILLED NURSING FACILITY (SNF)

This plan covers up to 100 days in a SNF

\$10 copay per day for days 1-20

\$218 copay per day for days 21-100

Out-of-pocket costs

Inpatient Hospital Stay
 $\$375 \times 7 \text{ days} = \$2,625$

Emergency Room = \$130

Observation = \$375

Urgent Care = \$65

Mental Hospital = $\$334 \times 7$

Outpatient Surgery = \$300

Skilled Nursing Facility
= \$10 / 1-20, \$218 / 21-100

Ambulance.

AMBULANCE	
Air	20% of the cost
Ground	\$335 copay per date of service
TRANSPORTATION	
Not Covered	

Out-of-pocket costs

Inpatient Hospital Stay
 $\$375 \times 7 \text{ days} = \$2,625$

Emergency Room = \$130

Observation = \$375

Urgent Care = \$65

Mental Hospital = $\$334 \times 7$

Outpatient Surgery = \$300

Skilled Nursing Facility
= \$10 / 1-20, \$218 / 21-100

Ambulance = \$335

Major & Minor Diagnostic Testing.

DIAGNOSTIC SERVICES, LABS & IMAGING

Advanced imaging services (MRI, MRA, PET and CT scans)	- Freestanding radiological facility: \$200 copay - Outpatient hospital: \$335 copay - PCP's office: \$280 copay - Specialist's office: \$280 copay
Basic radiological services (X-rays)	- Freestanding radiological facility: \$65 copay - Outpatient hospital: \$150 copay - PCP's office: \$0 copay - Specialist's office: \$35 copay - Urgent care center: \$65 copay
Diagnostic mammography	- Freestanding radiological facility: \$0 copay - Specialist's office: \$0 copay
Diagnostic procedures and tests	- Outpatient hospital: \$45 copay - PCP's office: \$0 copay - Specialist's office: \$30 copay - Urgent care center: \$65 copay
Lab services	- Freestanding laboratory: \$0 copay - Outpatient hospital: \$0 copay - PCP's office: \$0 copay - Specialist's office: \$0 copay - Urgent care center: \$0 copay

Out-of-pocket costs

Inpatient Hospital Stay
 $\$375 \times 7 \text{ days} = \$2,625$

Emergency Room = \$130

Observation = \$375

Urgent Care = \$65

Mental Hospital = $\$334 \times 7$

Outpatient Surgery = \$300

Skilled Nursing Facility
 = \$10 / 1-20, \$218 / 21-100

Ambulance = \$335

Major Testing = \$335

Outpatient Therapy.

REHABILITATION SERVICES

Occupational therapy

- Comprehensive outpatient rehab facility: **\$30** copay
- Outpatient hospital: **\$30** copay
- Specialist's office: **\$30** copay

Physical therapy

- Comprehensive outpatient rehab facility: **\$30** copay
- Outpatient hospital: **\$30** copay
- Specialist's office: **\$30** copay

Speech therapy

- Comprehensive outpatient rehab facility: **\$30** copay
- Outpatient hospital: **\$30** copay
- Specialist's office: **\$30** copay

Acupuncture services (Medicare-covered)

\$30 copay for acupuncture for chronic low back pain visits up to 20 visit(s) per year.

Chiropractic services (Medicare-covered)

\$15 copay

Podiatry services (Medicare-covered)

\$30 copay

Out-of-pocket costs

Inpatient Hospital Stay
 $\$375 \times 7 \text{ days} = \$2,625$

Emergency Room = \$130

Observation = \$375

Urgent Care = \$65

Mental Hospital = $\$334 \times 7$

Outpatient Surgery = \$300

Skilled Nursing Facility
= \$10 / 1-20, \$218 / 21-100

Ambulance = \$335

Major Testing = \$335

Outpatient Therapy = \$30

Cancer.

Medical Maximum out-of-pocket responsibility

\$4,200

in-network

The most you pay for copays, coinsurance and other costs for covered medical services for the year.

Chemotherapy drugs

- Outpatient hospital: **20%** of the cost
- Specialist's office: **20%** of the cost

Therapeutic radiology (Radiation therapy)

- Freestanding radiological facility: **\$50** copay
- Outpatient hospital: **\$50** copay
- Specialist's office: **\$20** copay

Out-of-pocket costs

Inpatient Hospital Stay
 $\$375 \times 7 \text{ days} = \$2,625$

Emergency Room = \$130

Observation = \$375

Urgent Care = \$65

Mental Hospital = $\$334 \times 7$

Outpatient Surgery = \$300

Skilled Nursing Facility
= \$10 / 1-20, \$218 / 21-100

Ambulance = \$335

Major Testing = \$335

Outpatient Therapy = \$30

Max Out-of-Pocket = \$4,200

Base Plan Benefits.

★ Daily Benefit Amount

→ \$100-\$1,000 !!

→ No 24-hour Minimum !!

★ Days Payable

→ 1, 3-10, 15, 20, or 31 !!

★ Restoration Period

→ 30 days !!

→ Immediate Restoration for
a new accident or illness !!

Out-of-pocket costs

~~Inpatient Hospital stay
\$375 x 7 days = \$2,625~~

Emergency Room = \$130

Observation = \$375

Urgent Care = \$65

Mental Hospital = \$334 x 7

Outpatient Surgery = \$300

Skilled Nursing Facility
= \$10 / 1-20, \$218 / 21-100

Ambulance = \$335

Major Testing = \$335

Outpatient Therapy = \$30

Max Out-of-Pocket = \$4,200

Built-In Emergency Room Benefit.

★ Benefit Amount

→ \$200 per trip !!

★ Maximum

→ 4 trips per year

★ Restoration Period

→ 30 days !!

→ Immediate Restoration for
a new accident or illness !!

Out-of-pocket costs

~~Inpatient Hospital stay
\$375 x 7 days = \$2,625~~

~~Emergency Room = \$130~~

Observation = \$375

Urgent Care = \$65

Mental Hospital = \$334 x 7

Outpatient Surgery = \$300

Skilled Nursing Facility
= \$10 / 1-20, \$218 / 21-100

Ambulance = \$335

Major Testing = \$335

Outpatient Therapy = \$30

Max Out-of-Pocket = \$4,200

Built-In Observation Unit Benefit.

★ Benefit Amount

→ 100% of Base Benefit (\$100-\$1,000) !!

★ Maximum

→ 6 days per year !!

Out-of-pocket costs

~~Inpatient Hospital stay~~
~~\$375 x 7 days = \$2,625~~

~~Emergency Room = \$130~~

~~Observation = \$375~~

Urgent Care = \$65

Mental Hospital = \$334 x 7

Outpatient Surgery = \$300

Skilled Nursing Facility
= \$10 / 1-20, \$218 / 21-100

Ambulance = \$335

Major Testing = \$335

Outpatient Therapy = \$30

Max Out-of-Pocket = \$4,200

Built-In Urgent Care Benefit.

★ Benefit Amount

→ \$100 per visit !!

★ Maximum

→ 4 visits per year !!

Out-of-pocket costs

~~Inpatient Hospital stay
\$375 x 7 days = \$2,625~~

~~Emergency Room = \$130~~

~~Observation = \$375~~

~~Urgent Care = \$65~~

Mental Hospital = \$334 x 7

Outpatient Surgery = \$300

Skilled Nursing Facility
= \$10 / 1-20, \$218 / 21-100

Ambulance = \$335

Major Testing = \$335

Outpatient Therapy = \$30

Max Out-of-Pocket = \$4,200

Built-In Mental Health Benefit.

★ Benefit Amount

↳ 50% of Base Benefit (\$100-\$1,000) !!

★ Maximum

↳ 7 days per period of care !!

Out-of-pocket costs

~~Inpatient Hospital stay
\$375 x 7 days = \$2,625~~

~~Emergency Room = \$120~~

~~Observation = \$375~~

~~Urgent Care = \$65~~

~~Mental Hospital = \$334 x 7~~

Outpatient Surgery = \$300

Skilled Nursing Facility
= \$10 / 1-20, \$218 / 21-100

Ambulance = \$335

Major Testing = \$335

Outpatient Therapy = \$30

Max Out-of-Pocket = \$4,200

Base Plan Benefits

✧ Hospital Confinement Base Plan Benefits

→ \$100-\$1,000 per day, payable for 1, 3-10, 15, 20, or 31 days

✧ Emergency Room

→ \$200 per visit, up to 4 visits per year

✧ Observation Unit

→ 100% of Base Plan Benefit per day, up to 6 days per year

✧ Recovery Room (NEW)

→ 100% of Base Plan Benefit per overnight stay, up to 6 stays per year

✧ Urgent Care (NEW)

→ 50% of Emergency Room Benefit per visit, up to 4 visits per year

✧ Hospital Confinement for Mental & Nervous Disorders (NEW)

→ 50% of Base Plan Benefit per day, up to 7 days per year

Out-of-pocket costs

~~Inpatient Hospital Stay~~
~~\$375 x 7 days = \$2,625~~

~~Emergency Room = \$130~~

~~Observation = \$375~~

~~Urgent Care = \$65~~

~~Mental Hospital = \$334 x 7~~

Outpatient Surgery = \$300

Skilled Nursing Facility
= \$10 / 1-20, \$218 / 21-100

Ambulance = \$335

Major Testing = \$335

Outpatient Therapy = \$30

Max Out-of-Pocket = \$4,200

Optional Riders

- ★ Lump Sum Cancer !!
- ★ 24-Hour Lump Sum Hospital Confinement !!
- ★ Lump Sum Outpatient Surgery !!
- ★ Skilled Nursing Facility !!
- ★ Ambulance !!
- ★ Dental, Vision & Hearing !!
- ★ Major & Minor Diagnostic Testing (NEW) !!
- ★ Outpatient Therapy, Chiropractic & Acupuncture (NEW) !!
- ★ Prescription Drug Reimbursements (NEW) !!
- ★ Benefit Increase (NEW) !!
- ★ Home Health Care (NEW) !!

Lump Sum Outpatient Surgery Rider

★ Benefit Amount

→ \$100-\$2,500 per surgery !!

→ Outpatient Surgery Center or Ambulatory Surgery Center

★ Maximum

→ 2 surgeries per year

Out-of-pocket costs

~~Inpatient Hospital stay
\$375 x 7 days = \$2,625~~

~~Emergency Room = \$120~~

~~Observation = \$375~~

~~Urgent Care = \$65~~

~~Mental Hospital = \$334 x 7~~

~~Outpatient surgery = \$300~~

Skilled Nursing Facility
= \$10 / 1-20, \$218 / 21-100

Ambulance = \$335

Major Testing = \$335

Outpatient Therapy = \$30

Max Out-of-Pocket = \$4,200

Skilled Nursing Facility Rider.

★ Benefit Amount

→ \$50-\$500 per day !!

★ Maximum Options

→ Days 1-20, Days 21-100, or Days 1-100 !!

Out-of-pocket costs

~~Inpatient Hospital stay
\$375 x 7 days = \$2,625~~

~~Emergency Room = \$120~~

~~Observation = \$375~~

~~Urgent Care = \$65~~

~~Mental Hospital = \$334 x 7~~

~~Outpatient surgery = \$300~~

~~Skilled Nursing Facility
\$10 / 120, \$215 / 2100~~

Ambulance = \$335

Major Testing = \$335

Outpatient Therapy = \$30

Max Out-of-Pocket = \$4,200

Ambulance Rider.

★ Benefit Amount

→ \$50-\$500 per trip !!

→ 10x Multiplier for Air Ambulance Services !!

★ Maximum

→ 4 trips per year

→ Lifetime maximum of 12 trips

Out-of-pocket costs

~~Inpatient Hospital stay
\$375 x 7 days = \$2,625~~

~~Emergency Room = \$120~~

~~Observation = \$375~~

~~Urgent Care = \$65~~

~~Mental Hospital = \$334 x 7~~

~~Outpatient surgery = \$300~~

~~Skilled Nursing Facility
\$10 / 120, \$218 / 2100~~

~~Ambulance = \$335~~

Major Testing = \$335

Outpatient Therapy = \$30

Max Out-of-Pocket = \$4,200

Major & Minor Diagnostic Testing Rider !!

★ Benefit Amount

→ \$50-\$500 per Major Diagnostic Test

→ 50% payable for Minor Diagnostic Tests

★ Maximum

→ 4 tests per year

Out-of-pocket costs

~~Inpatient Hospital Stay
\$375 x 7 days = \$2,625~~

~~Emergency Room = \$120~~

~~Observation = \$375~~

~~Urgent Care = \$65~~

~~Mental Hospital = \$334 x 7~~

~~Outpatient surgery = \$300~~

~~Skilled Nursing Facility
\$10 / \$20, \$215 / \$400~~

~~Ambulance = \$335~~

~~Major Testing = \$335~~

Outpatient Therapy = \$30

Max Out-of-Pocket = \$4,200

Major & Minor Diagnostic Testing Rider



★ Covered Major Diagnostic Tests

- ↳ CT or CAT Scans
- ↳ MRI Scans
- ↳ Biopsy
- ↳ Colonoscopy
- ↳ Endoscopy
- ↳ Ultrasound
- ↳ SPECT Scans
- ↳ PET Scans
- ↳ EEG Scans
- ↳ Esophagoscopy
- ↳ Gastroscopy
- ↳ Laparoscopy
- ↳ Tracheoscopy
- ↳ Venography
- ↳ Arthroscopy
- ↳ Bronchoscopy
- ↳ Cystoscopy
- ↳ Laryngoscopy
- ↳ Proctosigmoidoscopy

★ Covered Minor Diagnostic Tests

- ↳ X-Rays
- ↳ Lab Tests: analysis of blood, tissues, or fluids, such as blood chemistry panels or urinalysis

Secure Select Hospital Indemnity

Out-of-pocket costs

~~Inpatient Hospital Stay
\$375 x 7 days = \$2,625~~

~~Emergency Room = \$120~~

~~Observation = \$375~~

~~Urgent Care = \$65~~

~~Mental Hospital = \$334 x 7~~

~~Outpatient Surgery = \$300~~

~~Skilled Nursing Facility
\$10 / \$20, \$215 / \$400~~

~~Ambulance = \$335~~

~~Major Testing = \$335~~

Outpatient Therapy = \$30

Max Out-of-Pocket = \$4,200

Heartland National Life

Outpatient Therapy Rider !!

★ Benefit Amount

→ \$50-\$500 per day for Occupational, Physical, & Speech Therapy

→ 50% payable for Chiropractic & Acupuncture Services

★ Maximum Options

→ 15 or 30 days per year for Outpatient Therapy Services

→ 5 or 10 days for Chiropractic & Acupuncture Services

Out-of-pocket costs

~~Inpatient Hospital Stay
\$375 x 7 days = \$2,625~~

~~Emergency Room = \$120~~

~~Observation = \$375~~

~~Urgent Care = \$65~~

~~Mental Hospital = \$334 x 7~~

~~Outpatient Surgery = \$300~~

~~Skilled Nursing Facility
\$10 / \$20, \$215 / \$400~~

~~Ambulance = \$335~~

~~Major Testing = \$335~~

~~Outpatient Therapy = \$30~~

Max Out-of-Pocket = \$4,200

Lump Sum Cancer Rider.

★ Internal Cancer Lump Sum Benefit

→ \$1,000-\$25,000 !!

★ Carcinoma in Situ

→ 50% of Lump Sum Benefit !!

★ Skin Cancer

→ 10% of Lump Sum Benefit !!

★ Built-In Recurrence & Restoration Benefit

→ 5-year Restoration !!

Out-of-pocket costs

~~Inpatient Hospital Stay
\$375 x 7 days = \$2,625~~

~~Emergency Room = \$120~~

~~Observation = \$375~~

~~Urgent Care = \$65~~

~~Mental Hospital = \$334 x 7~~

~~Outpatient surgery = \$300~~

~~Skilled Nursing Facility
\$10 / 120, \$218 / 2400~~

~~Ambulance = \$335~~

~~Major Testing = \$335~~

~~Outpatient Therapy = \$30~~

~~Max Out of Pocket = \$4,200~~

Prescription Drug Reimbursement Rider



★ Benefit Amount

└─→ \$15 benefit per generic medication fill

└─→ \$30 benefit per brand-name medication fill

★ Maximum Options

└─→ \$250 or \$500 per year

Lump Sum Hospital Confinement Rider.

★ Benefit Amount

- ↳ \$500-\$10,000 for Issue Ages 64 & younger !!
- ↳ \$500-\$5,000 for Issue Ages 65 & older !!
- ↳ Minimum of 24 hours

★ Maximum

- ↳ 1 hospitalization per year

Home Health Care Rider

★ Benefit Amount

└─> \$50-\$300 per day

└─> Home Health Care and Home Health Aide

└─> No prior hospitalization required

★ Maximum

└─> 30 days per year

Dental, Vision, & Hearing Rider.

Year	% of Actual Charges
1	60%
2	70%
3+	80%

★ Benefit Maximum Options

➞ \$1,000, \$2,000*, or \$3,000** per year !!

* \$2,000 benefit is reduced to \$1,000 in year one

** \$3,000 benefit is reduced to \$2,000 in year one

★ Benefits Per Service

➞ Preventative Services covered day one

➞ Minor Services covered after 3 months !!

➞ Major Services covered after 9 months !!

Dental Services

Year	% of Actual Charges
1	60%
2	70%
3+	80%

✧ Preventative Services covered day one

└─> \$75 per Dental Cleaning; 2 times per year

└─> Percentage of Actual Charges:

└─> Oral Examination and Cancer Screening; once per year

└─> Bitewing X-rays; once per year

└─> Fluoride Treatment

└─> Plaque and Tartar Removal

✧ Preventative Services are not subject to the \$50 Deductible.

Dental Services

✧ Minor Services covered after 3 months

└─> Percentage of Actual Charges:

- └─> Fillings
- └─> Simple Extractions
- └─> Recementing Crowns, Bridges, or Inlays
- └─> X-rays (beyond routine bitewing x-rays)
- └─> Non-Surgical Periodontal Services

✧ Minor Services are subject to the \$50 Deductible.

Year	% of Actual Charges
1	60%
2	70%
3+	80%

Dental Services

Year	% of Actual Charges
1	60%
2	70%
3+	80%

★ Major Services covered after 9 months

└─> Percentage of Actual Charges:

└─> Crowns

└─> Root Canals

└─> Bridges

└─> Dentures

└─> Implants (limited to once every two calendar years)

└─> Oral Surgery (including Peridontal and Full Mouth Extractions)

★ Major Services are subject to the \$50 Deductible.

Vision Services

☆ **Preventative Services covered day one**

└─> \$50 per year

└─> Eye Exam or Eye Refraction

☆ **Percentage of Actual Charges:**

└─> Eyeglasses and Contact Lenses

└─> Associated Supplies and Repairs

Year	% of Actual Charges
1	60%
2	70%
3+	80%

Hearing Services

☆ Preventative Services covered day one

└─> \$50 per year

└─> Hearing Exam

☆ Percentage of Actual Charges:

└─> Hearing Aid(s)

└─> Associated Supplies and Repairs

Year	% of Actual Charges
1	60%
2	70%
3+	80%

Benefit Increase Rider

★ Increase Options

→ \$25, \$50, \$75, or \$100 per increase

★ Maximum

→ 1 increase per year

→ Lifetime Maximum of 2 increases

Position the Product as a Solution.



Position the Product as a Solution.

✧ Out-of-Pocket Example

Out-of-Pocket Example	
7-day Hospital Stay	\$2,625
Emergency Room Visit	~~\$130~~ (waived)
Ambulance Ride	\$335
Total Out-of-Pocket Costs	\$2,960

Position the Product as a Solution.

☆ Out-of-Pocket Example

Out-of-Pocket Example	
7-day Hospital Stay	\$2,625
Emergency Room Visit	~~\$130~~ (waived)
Ambulance Ride	\$335
Total Out-of-Pocket Costs	\$2,960

Your Hospital Indemnity Would Pay...	
\$400 benefit for 7 days	\$2,800
Built-In ER Benefit	\$200
Ambulance Rider	\$400
Total Benefits Paid	\$3,400

Explain the Benefits.

Explain the Benefits.

✧ Explain at a level your client understands.

- ↳ Customizable coverage
- ↳ No network or restrictions
- ↳ Cash benefits paid directly to the policyholder
- ↳ Built-In Benefits for no additional premium cost

Explain the Benefits.

✧ **Explain at a level your client understands.**

- ↳ Customizable coverage
- ↳ No network or restrictions
- ↳ Cash benefits paid directly to the policyholder
- ↳ Built-In Benefits for no additional premium cost

✧ **Time to complete the application?**

- ↳ Here are a few more things you should know...

Application.



Application.

★ Issue Age Window

└→ 18-85 years old

Application.

✧ Issue Age Window

└→ 18-85 years old

✧ Guaranteed Issue Window

└→ 64-74 years old (11 years) !!

Application.

★ Issue Age Window

└→ 18-85 years old

★ Guaranteed Issue Window

└→ 64-74 years old (11 years) !!

★ Application Fee

└→ \$0 !!

Underwriting.



Underwriting.

★ Simplified Issue

└→ Outside of GI Window = Health questions only

Underwriting.

★ Simplified Issue

└→ Outside of GI Window = Health questions only

★ Pre-Existing Conditions

└→ 3-month window !!

└→ Applies to both Guaranteed Issue and Underwritten policyholders

Underwriting.

★ Simplified Issue

└→ Outside of GI Window = Health questions only

★ Pre-Existing Conditions

└→ 3-month window !!

└→ Applies to both Guaranteed Issue and Underwritten policyholders

★ Contestability

└→ 2-year window

└→ Applies only to Underwritten policyholders

Rate Structure.

✧ Issue Age Rated

└→ Premiums do not increase as the policyholder ages

✧ Unisex

└→ Males and females have the same rates

✧ Uni-Tobacco

└→ No additional premium for the use of tobacco

✧ Household Discount

└→ 7% premium discount for living with someone over the age of 18

Overcome Objections.

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★ **“I already have health insurance. Why would I need this?”**

➞ Absolutely, and this isn't meant to replace your health insurance. Remember the copays and out-of-pocket costs we just identified? Your health insurance helps pay for your medical care. This coverage provides additional cash benefits to help you manage the expenses that can still be left behind.

Overcome Objections.

✧ “I have enough money in savings to cover that.”

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→ You certainly could use your savings. The question is whether that's what you want your savings to be used for. If an unexpected hospital stay costs you \$3,000, would you rather absorb that entire expense yourself, or have another layer of protection in place to help?

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★ “I can't afford another monthly premium.”

➞ I understand. That's why we don't have to build the maximum amount of coverage. Let's go back to the exposures we identified. Which of these would be the hardest for you to pay out-of-pocket? We can prioritize the protection that's most important to you and build the plan around your budget.

Don't sell a policy.

Don't sell a ~~policy~~

Solve a problem.

HEARTLAND NATIONAL LIFE INSURANCE COMPANY

**THANK
YOU!**

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