



*Premier Senior
Health Plan®*

The logo features a stylized starburst or leaf-like shape on the left, composed of three sections: a blue section with diagonal lines, a green section with vertical lines, and a yellow section with horizontal lines. To the right of this graphic, the text "Premier Senior Health Plan®" is written in a blue, serif font. The background of the logo area includes faint, large, light-colored circles and bubbles.



SENIOR HEALTHCARE DESIGNED FOR BUSINESS OWNERS AND EMPLOYEES

[Broker Name]
[Company Name]
[Address 1]
[Address 2]
[Phone Number]
[Website]
[Email]

HELPING YOU SAVE MONEY ON HEALTHCARE COSTS SO YOU CAN INVEST MORE INTO YOUR BUSINESS

WHY OFFER GROUP RETIREE SENIOR COVERAGE AT YOUR BUSINESS?

Premier Senior Health Plan, underwritten by United American lets you and your Medicare-eligible retirees take advantage of standardized Medicare Supplement benefits while getting customizable group coverage suitable for everyone's needs.

- Coverage offered even if you are the only Medicare-eligible enrollee.
- Lowers your cost by separating Seniors into their own group.

PLAN FEATURES

- **Guaranteed Issue:** Seniors locked into a Medicare Advantage plan past the 'initial enrollment period' can switch to a Medicare Supplement plan without medical underwriting – provides a fast and easy application process.
- **Year-Round Enrollment:** No waiting on Medicare open enrollment or Medicare Advantage disenrollment. It's always a qualifying event to sponsor coverage.
- **Coverage Flexibility:** Freedom to choose your doctor – no medical networks. Visit any doctor accepting Medicare nationwide.
- **Retire and Keep Your Benefits:** Plan is fully portable into retirement on an employer or employee-paid basis, so long as premiums are paid on time.

SAME TAX ADVANTAGES AS ANY EMPLOYER PAID GROUP PLAN

- Pretax employee payroll deductions can help lower payroll taxes and out-of-pocket spending for you and retirees.
- Save money with the ability for your company to write-off premiums.

DIRECT SUPPORT FOR BUSINESS OWNERS AND MEMBERS

- Specially-trained staff to handle the specific needs of the 65+ age group.
- Call group plan support staff directly. No calling an 800-number to wait several minutes for service.
- Support features include call-back service and three-way calling with Medicare.



CALL TODAY FOR A NO OBLIGATION QUOTE

Policies are underwritten by United American Insurance Company. In the state of New York, policies are underwritten by United American's subsidiary, First United American Life Insurance Company. These policies have some limitations and exclusions and benefits may vary by state. United American Insurance Company and First United American Life Insurance Company are not associated with Medicare, Social Security, or any other government agency. This is a solicitation for insurance. You may be contacted by a representative of United American Insurance Company or First United American Life Insurance Company.

PREMIER SENIOR HEALTH PLAN FAQs

What is Premier Senior Health Plan (PSHP)?

PSHP, exclusively marketed nationwide by Health Insurance Services, is a tax-advantaged group medical and Rx plan offered through a sponsoring entity for members 65 and older. It is designed to pay the out-of-pocket medical expenses covered but not paid in full by Medicare. More specifically, it is a full-service group Medicare Supplement insurance that is designed like a plan F, but with more deductible and co-pay options.



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Why should I sell PSHP?

By adding PSHP to your portfolio, you offer a solution that most other Agents are not. Keep in mind that approximately 10,000 people are turning 65 daily in this country – many of whom are business owners. The demand for senior health and Rx benefits will only increase in the coming years. Agents who have sold PSHP find it to be an excellent prospecting tool that will set you apart from your competition and allow for cross-selling opportunities of other products you or your agency provides.

If PSHP is a group plan, what opportunities are there for Agents who strictly sell individual policies?

PSHP can go down to one life for medical coverage. If someone is a business owner with a Federal Tax ID # then his or her company can sponsor the plan and pay for premiums with the same tax advantages as any other group plan.

What size groups are ideal for PSHP?

Ideally small groups are great for writing PSHP because Medicare is primary. 65+ employees, retirees, and spouses can be carved out and moved onto the plan and see a savings in comparison to a group's existing major medical.

What types of groups are ideal for PSHP?

Small businesses, professional offices, nonprofits, and religious organizations are ideal. Agents have sold PSHP to car dealerships, law practices, doctors' offices, churches, and hardware stores. These are just some examples of small groups that fit well into the category of employers that look out for their own and want their working and retired seniors to receive superior coverage and service on a group platform rather than switch to an individual product.

What type of special licensing or certification is involved to write this?

None, but we do have periodic live and pre-recorded webinars to train Agents on PSHP, and of course Health Insurance Services is always there as a resource to answer any questions, provide quotes, build a savings and benefit analysis, join on a conference call, and help you close on a case-by-case basis. We can also provide you customizable marketing materials and send kits that serve to educate your client or prospect on the plan.

Do I need to complete scope of appointment paperwork?

No. Given that this is a group product, you are welcome to openly approach business owners with this solution.

If someone is on a Medicare Advantage plan and wants to switch to PSHP, won't he or she be subject to underwriting?

No. PSHP is both guaranteed-issue and guaranteed-renewal. Also, someone on a Medicare Advantage plan can move onto this group Supplement without answering any medical questions or underwriting.

Are there network limitations?

No. This is a true Supplement, so the beneficiary can self-refer to any of the 94% of doctors or 99% of hospitals nationwide that accept Medicare assignment.

What if someone retires or closes his or her business, will they still be covered?

Yes. The plan is portable into retirement with at-home billing service and the same coverage as before.

How do I get contracted?

We will send producer paperwork upon request. As long as you remain Agent of record and the business stays in force you will be paid.

How do I get a quote?

Typically for smaller groups of only a few lives, we only require you send dates of birth and the sponsoring entity's name to build a quote. As the number of lives grows larger, we prefer more information such as gender breakdown, zip codes, and the current plan design to customize a more competitive quote.

Can PSHP be offered voluntarily by the sponsoring entity?

Yes. PSHP can be 100% employer-paid, partially employer-paid, or completely voluntary.

Where do I direct support issues with regard to billing and coverage?

Health Insurance Services will handle any questions or issues in a timely and courteous manner. Whether it be a billing concern, coverage issue, even conferenced assistance with CMS, we are there to advocate for your client.

WHAT IS MEDICARE?

Description

Medicare does not cover all healthcare costs. Medicare recipients are responsible for certain deductibles, copayments, and out-of-pocket expenses under both Medicare Part A and Medicare Part B.

Medicare is health insurance for people age 65 or older, under age 65 with certain disabilities, and any age with End-Stage Renal Disease (ESRD) (permanent kidney failure requiring dialysis or a kidney transplant). Medicare covers certain medical services and supplies in hospitals, doctors' offices, and other healthcare settings. Services are either covered under Medicare Part A (Hospital Insurance) or Medicare Part B (Medical Insurance).

PART A - HOSPITAL:

- Enrollment is automatic through Social Security
- Premium is free for most
- Covers expenses related to hospital room and board
- Also covers costs associated with skilled nursing and hospice care

PART B - MEDICAL:

- Enrollment is required for Medicare Supplement plans
- Covers 80% of expenses related to doctor and surgeon fees
- Also covers most lab tests and X-rays performed outside the hospital and outpatient treatment

CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS) COPAYS & DEDUCTIBLE AMOUNTS

	2018 (Updated Annually)
Part A Deductible	\$1,340
Day 61-90 per day Copayments	\$335
Day 90-120 per day Copayments	\$670
Day 21-100 Skilled Nursing Confinement per day Copayments	\$167.50
Part B Annual Deductible	\$183

Employer Group Medicare Supplement Insurance

United American offers customizable group Medicare Supplement plans with coverages that pay various Medicare deductibles, coinsurances, and other medical expenses not covered by Medicare. Our customizable plans reduce, manage, or share costs with retirees.



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THINGS TO KNOW ABOUT MEDICARE SUPPLEMENT AND MEDICARE ADVANTAGE PLANS



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Since 1947

THINGS TO KNOW

- Medicare Advantage, also called Medicare Part C, **is included** in the Medicare Program while Medicare Supplement insurance policies **cover the gaps** in Medicare Parts A and B coverage.
- Medicare Advantage plan doctors and hospitals **can leave** a plan's network at anytime.
- An insurance provider may decide **not to renew** its Medicare Advantage contract with Medicare.
- Medicare Supplement insurance plans **don't include** prescription drug benefits (Medicare Part D).
- Medicare Supplement insurance plans typically **do not cover** dental, hearing, long-term care, vision, or private-duty nursing.

MEDICARE SUPPLEMENT INSURANCE

- Medicare Supplement insurance is controlled and designed by Medicare CMS.
- Policy rules and designs are standard nationwide.
- Over 91 percent of all providers and 97 percent of all hospitals accept Medicare Supplement insurance.
- Members can self-refer to any doctor who accepts Medicare nationwide.
- Policies are available with no copays and \$0 deductibles.
- Medicare Supplement insurance has stable physician participation and policy designs.
- Policies are guaranteed renewable and cannot be canceled as long as premiums are paid on time.
- Policyholders may move out of the issue state with no interruption in coverage.
- Medicare beneficiaries with end-stage renal disease may have open enrollment opportunities (ESRD).

MEDICARE ADVANTAGE PLANS

- Medicare Advantage plans are designed and controlled by insurance companies.
- Plan rules and designs change by carrier and from region to region.
- Plans are subject to a network of doctors. Doctors are not required to accept plans.
- Plans are subject to copays and deductibles.
- There is a continuing decline in doctor participation.
- Plans cover same services as Original Medicare, except hospice care.
- Plans cover emergency and urgent care regardless of specific plan purchased.

HOW THE DEDUCTIBLE WORKS

United American offers several innovative benefits that help employers and retirees share costs. These plan designs include deductibles and office visit co-pays. Below is an illustration of UA's customizable benefit structures.

PSHP annual Part B deductible chosen: \$500

2018 Medicare Part B deductible: \$183

MEDICARE PART B CHARGES	MEDICARE APPROVED CHARGES	TOTAL PAID BY MEDICARE	TOTAL PAID BY PLAN	TOTAL PAID BY MEMBER
Medical Services #1	\$183.00	\$0.00	\$0.00	\$183.00
Medical Services #2	\$350.00	\$280.00	\$0.00	\$70.00
Medical Services #3	\$220.00	\$176.00	\$0.00	\$44.00
Medical Services #4	\$575.00	\$460.00	\$0.00	\$115.00
Medical Services #5	\$440.00	\$352.00	\$0.00	\$88.00
Totals	\$1,768.00	\$1,268.00	\$0.00	\$500.00
All further Medicare Part B charges over the \$500 annual plan deductible are paid as follows:		80%	20%	0%

Should an employer choose a plan that includes a co-pay, a retiree will pay that co-pay each time they visit the doctor – regardless if the deductible is met. United American tracks all costs for retirees.



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UA **United American Insurance Company**
 Since 1947

UNITED AMERICAN COMPANY PROFILE

Company Overview

- United American Insurance Company (UA) was founded in 1947 and is headquartered in McKinney, Texas.
- UA has been committed to the Senior market since Medicare was introduced in 1966. UA is one of the nation's leading writers of Medicare Supplements*. UA has also been a Medicare Part D Prescription Drug provider since the Part D program was enacted in 2006.
- For more than 35 consecutive years, UA has earned the A+ (Superior) Financial Strength Rating from A.M. Best Company (as of 6/15).
- UA is also rated AA- "Stable" for Financial Strength by Standard & Poor's (as of 10/15).
- UA is a wholly-owned subsidiary of Torchmark Corporation, a financial services holding company listed on the New York Stock Exchange (NYSE: TMK).

Emphasis on Employer Group Market

- UA has focused on the niche market of group retiree health since 1996.
- United American offers innovative benefits, beyond the standard Medicare Supplement plans, that are attractive solutions for employers of all sizes.
- UA provides an online platform for group retirees to obtain information about their medical plans.
- UA has Automatic Claims Filing PLUS® (ACF PLUS®) – a process that virtually eliminates the need to locate and file paper claims and streamlines the claims delivery process.
- UA has the ability to create subgroups within a master group account to resolve different plan design and billing needs for collective bargaining agreements.

Employer Group References

- UA has experience with providing needs-based solutions to retiree groups across many different industries and unions, varying in size.
- Listed below are just a few of the industries we provide solutions to:
 - Charitable and Service Organizations
 - Hospitals
 - Financial Institutions
 - Insurers
 - Manufacturers
 - City and Municipality Governments
 - Religious Groups
 - Schools and Universities



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