

Short-term Medical Insurance Training

Connect STM OV and Connect STM Rx Policies

Underwritten by Independence American Insurance Company (IAIC), a member of The IHC Group, and administered by the Loomis Company.

Updated 8/14/20

Today's Agenda

- About The IHC Group
- Why work with us
- Product Overview
 - Why STM?
 - State Availability
 - Product Benefits
 - Plan Options
 - Eligibility
 - Exclusions and Limitations
- NEW Electronic Verification
- Administration and Customer Service



 **Connect**
Short-Term Medical Series

Short-term medical insurance
for individuals and families.

 THE IHC GROUP  Independence American
Insurance Company
A Member of The IHC Group

Underwritten by Independence American Insurance Company (IAIC), a member of The IHC Group. For more information about IAIC, visit www.independenceamerican.com.

This product is not considered to be Minimal Essential Coverage as defined by the Patient Protection and Affordable Care Act (ACA).

Brochure Connect OVRX 0720

Independence Holding Company (IHC”) At a Glance

Formed in 1980, IHC is a holding company that is mainly engaged in underwriting, administering and/or distributing group and individual specialty benefit products including disability, supplemental health, pet, and group life insurance through its subsidiaries.

Three insurance companies
rated A- by A.M. Best



IHC Specialty Benefits, Inc.,
a technology-driven marketing and
distribution company focusing on
small group and individual products
through:

- Wholly owned call center
- IHC Specialty Benefit Advisors
- General agents
- Independent agents
- INSX Cloud
- Private label arrangements

PetPartners, Inc.,
our pet insurance administrator

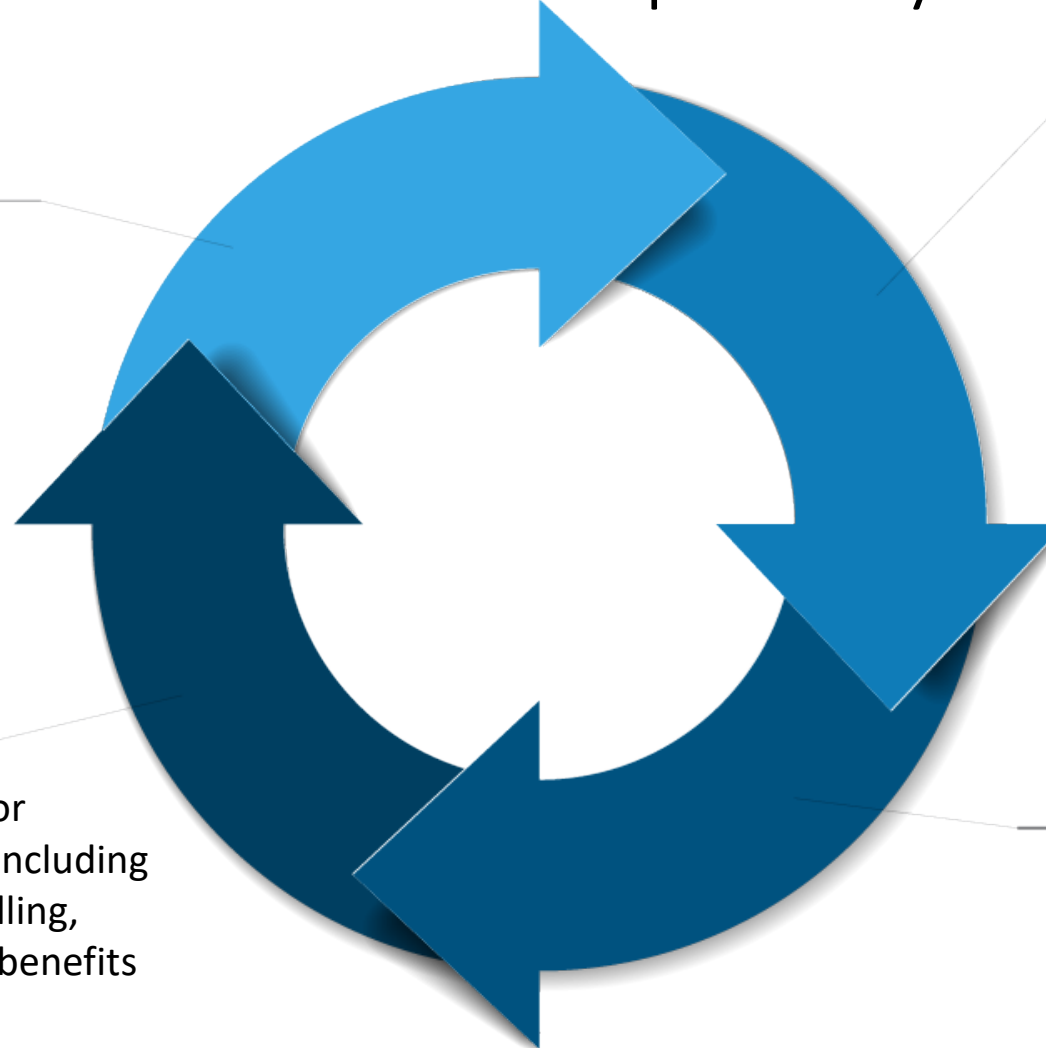
Grow your business with IHC Specialty Benefits

Support

Our responsive, individualized customer service, and comprehensive product, sales, and marketing training is poised to help you grow your business, no matter the size.

Technology

An industry-leading quoting and enrollment platform saves you time and takes the confusion and frustration out of the application process for your clients.



Experience

With over 30 years of industry experience you can be confident that you're working with a knowledgeable, professional partner that you can count on.

Products

Customizable solutions for agents and their clients, including convenient product bundling, plan options at different benefits levels and price points.

Why Sell STM from IAIC?

1

Consumer Need

Designed for individuals and families in transition who may have missed open enrollment and don't qualify for a Special Enrollment Period

2

Compensation

Income potential when the open enrollment period ends

Applicants can apply for coverage year-round.

If approved, coverage can start as early as the day after the application is submitted.

Short-Term Health Insurance

PROS

CONS

- + STM covers eligible medical expenses due to unexpected illnesses or injuries
- + STM is affordable, because it provides less benefits than ACA-compliant plans and requires medical underwriting to qualify for coverage; it is not considered Minimum Essential Coverage
- + Options are customizable, with a choice of deductible and coinsurance amounts
- + Healthcare services may be received from any healthcare hospital, doctor or provider
- + Other optional ancillary benefits can be added during the quoting and enrollment process, products enrolled in the same session will be billed on one consolidated bill
- + STM is available for purchase year-round

Short-Term Health Insurance

PROS

CONS

- Benefits differ from ACA plans as they do not cover all, if any, Essential Health Benefits (EHB's)
- It does not cover routine maternity care or behavioral health services
- Depending on the STM plan option selected, pre-existing conditions may not be covered
- STM insurance is not qualifying health coverage ("Minimum Essential Coverage") that satisfies the health coverage requirement of the Affordable Care Act (ACA)
- STM coverage is limited in duration

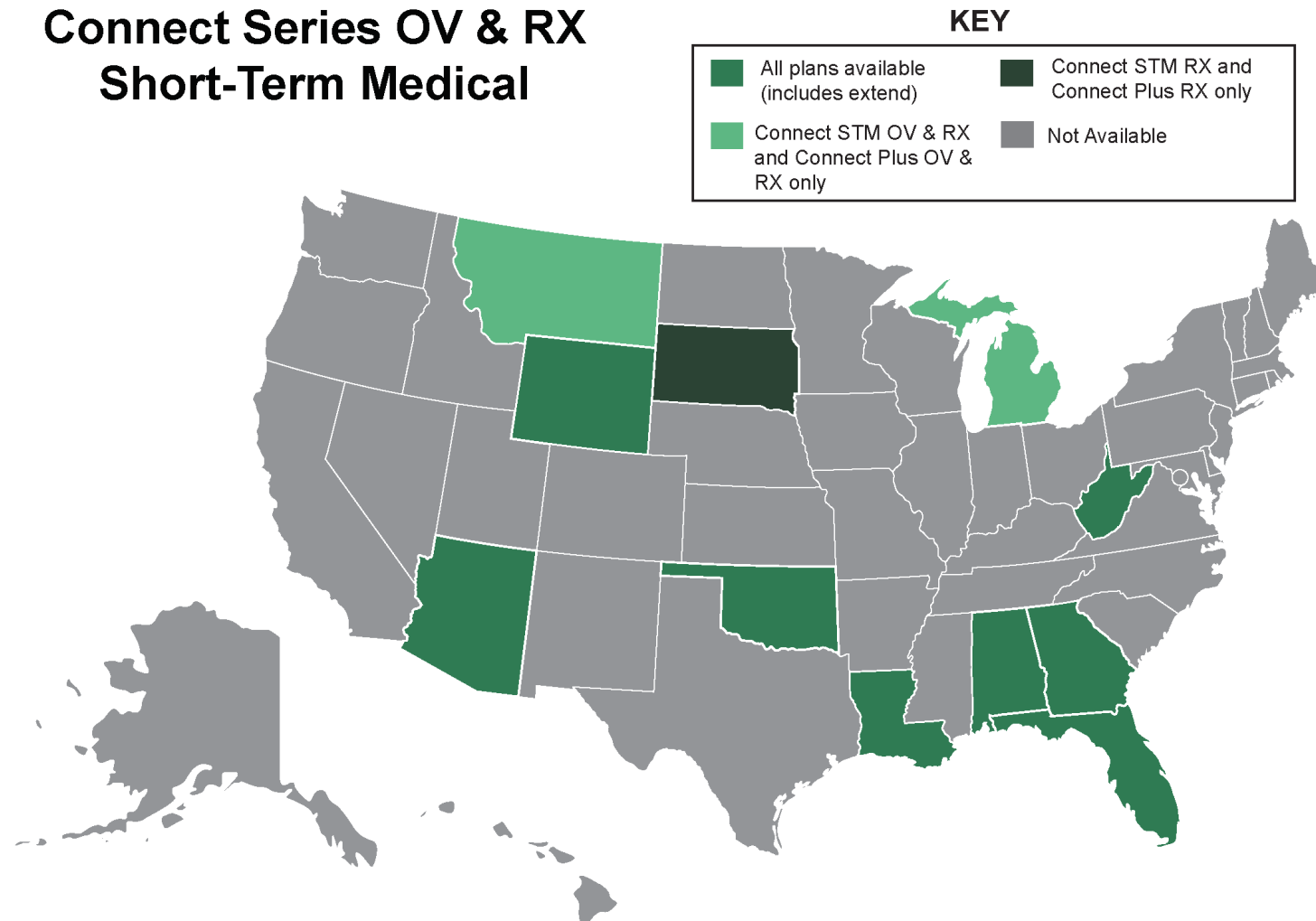


Connect

Short-Term Medical Series

State Availability – Connect Series OV and Rx

Connect Series OV & RX Short-Term Medical

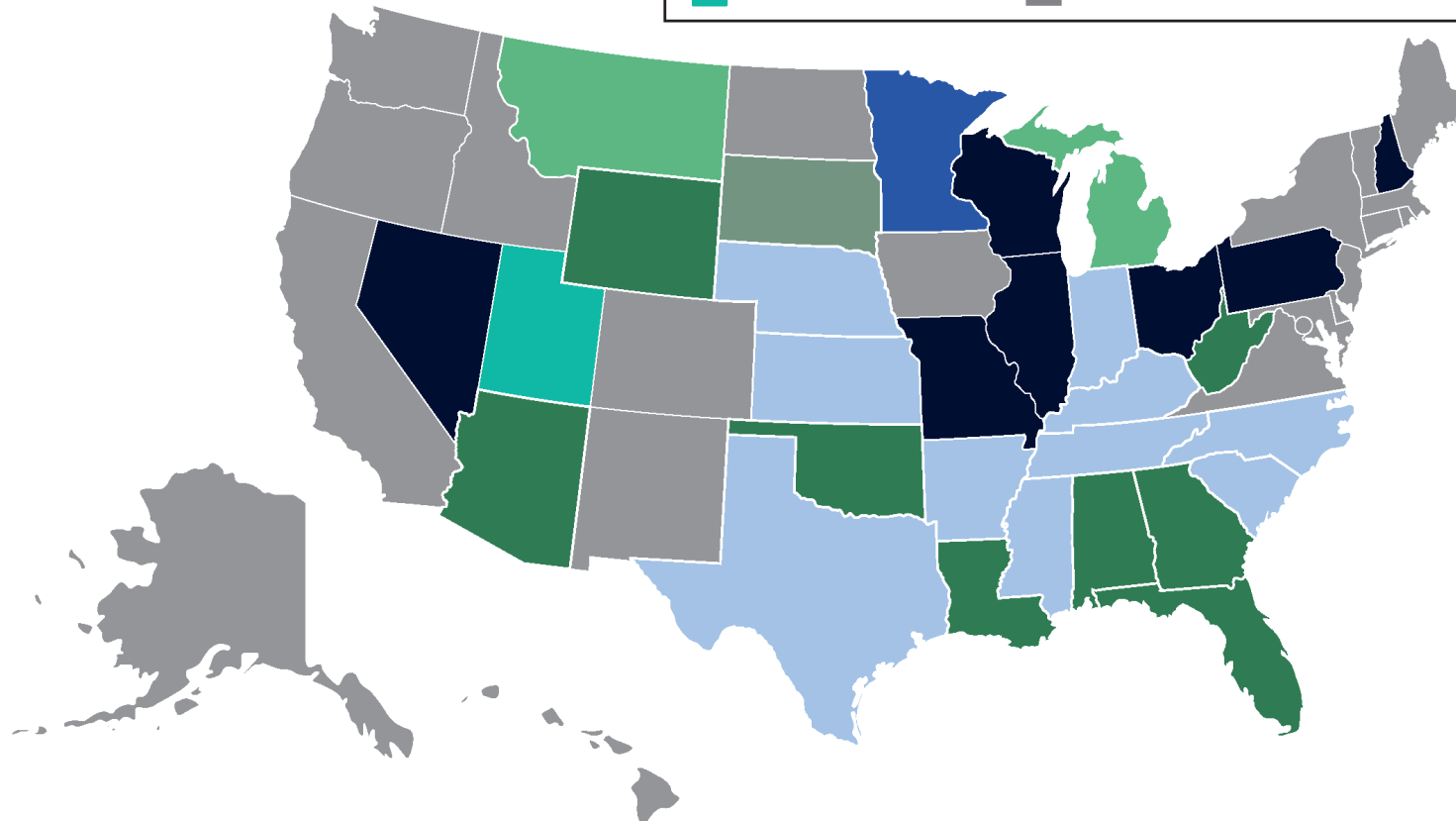


State Availability – All IAIC STM

Connect Series Short-Term Medical

KEY

Connect STM, Plus & Extend	All Connect STM OV & RX plans
Connect STM only	Connect STM OV & RX and Connect Plus OV & RX only
Connect STM & Plus	Connect STM RX and Connect Plus RX only
Connect STM & Extend	Not Available



STM Duration by State*

State	Policy Duration
AL, AZ, FL, GA, LA, OK, WV, WY	364 days + extended duration
SD	12 months
MI, MT	6 months

*As of 7/21/20

Comparing STM Insurance Options

	Monthly Premium	Benefits	May be best for:
Connect STM OV and Connect STM Rx	\$\$	++	<ul style="list-style-type: none"> • Individuals who don't need coverage for eligible pre-existing conditions • Individual who may need coverage for up to 36 months*
Connect Plus OV and Connect Plus Rx	\$\$\$	+++ Covers up to \$25,000 of eligible expenses related to pre-existing conditions	<ul style="list-style-type: none"> • Individual looking for coverage for certain pre-existing conditions

*Policy availability and duration varies by state.

Key Features

Effective Dates	Next day available
Guaranteed Issue	No
Year-round Enrollment	Yes
Guaranteed Renewable	No Exception: policies may be extended for up to 36 months in some states at time of purchase
Covers Pre-existing Conditions	No Exception: Connect Plus, which offers limited benefits for expenses related to certain pre-existing conditions
Network Required	No Insured free to use any provider, reimbursements based on reasonable and customary and negotiations with providers

Plan Selection

	Connect STM OV ¹	Connect STM Rx	Connect Plus OV ¹	Connect Plus Rx
Deductible Options The selected deductible must be paid by the covered person before the coinsurance benefit begins	<ul style="list-style-type: none"> ➤ \$2,500 ➤ \$5,000 ➤ \$10,000 		<ul style="list-style-type: none"> ➤ \$5,000 ➤ \$10,000 	
Coinsurance Percentage and Out-of-Pocket Maximum After the deductible amount has been met, insured pays the selected coinsurance percentage of covered expenses until the out-of-pocket has been met. The deductible is not included in the out-of-pocket maximum.	20% coinsurance; \$4,000 out-of-pocket maximum 30% coinsurance; \$6,000 out-of-pocket maximum 50% coinsurance; \$5,000 or \$10,000 out-of-pocket maximum options ²		30% coinsurance; \$6,000 out-of-pocket maximum 50% coinsurance; \$10,000 out-of-pocket maximum	
Pre-existing Condition Coverage	Not available; charges resulting from pre-existing conditions are not covered		Up to \$25,000 maximum benefit	
Coverage Period Maximum Benefit	\$2,000,000		\$2,000,000	

¹ OV plans not available in SD ²50% coinsurance option not available in GA

	Connect STM OV ¹	Connect STM Rx	Connect Plus OV ¹	Connect Plus Rx
Physician office visit copay³ After the copay, the balance of the physician office visit charge is covered at 100 percent	\$50 copay The number of office visit copays is based on the length of coverage period selected: Max of 1 visit for 30–90 days; Max of 2 visits for 91–180 days; Max of 3 visits for 181–364 days	No copay; subject to deductible and coinsurance	\$50 copay The number of office visit copays is based on the length of coverage period selected: Max of 1 visit for 30-90 days; Max of 2 visits for 91–180 days; Max of 3 visits for 181–364 days	No copay; subject to deductible and coinsurance
Outpatient Prescription Drug (Rx) Benefit Rider ⁴				
Outpatient Rx Deductible The deductible is per covered person	Not available	\$2,500	Not available	\$2,500
Outpatient Rx Copay After the prescription deductible has been satisfied, a copay applies to outpatient generic and brand name prescription drugs	Not available	Generic Drugs: \$20 copay/prescription Brand Name Drugs: \$50 copay/prescription Non-formulary drugs: No coverage, discount only	Not available	Generic Drugs: \$20 copay/prescription Brand Name Drugs: \$50 copay/prescription Non-formulary drugs: No coverage, discount only
Outpatient Rx Maximum Benefit Maximum benefit amount paid per covered person	Not available	\$2,500	Not available	\$2,500

¹ OV plans not available in SD ³ Office visit copay is not applicable in NH ⁴ Prescription drug benefit is not subject to pre-existing condition limitation

Covered Expenses

Premiums will vary based on the benefits selected.

Covered expenses	Insured pays:
Emergency room	\$250 copay; then subject to deductible and coinsurance
Ground ambulance	\$500 per occurrence
Air ambulance	\$1,000 per occurrence
Outpatient hospital surgery or ambulatory surgical center	Deductible and coinsurance
Surgeon services in the hospital or ambulatory surgical center	Deductible and coinsurance
Inpatient physician visits	Deductible and coinsurance
Anesthesiologist and assistant surgeon services	Not to exceed 20% of the primary surgeon's covered charges
Prescription drugs administered while hospital confined	Deductible and coinsurance
X-ray exams, laboratory tests and analysis	Deductible and coinsurance
Mammography, pap smear and prostate specific antigen test, covered at specific age intervals and when recommended by a physician	Coinsurance only (may vary by state)

Payment Options

- Monthly and single payment options are available
 - Single payment options available for 30 – 180 days of coverage (varies by state)
 - Monthly payment options available for 90 days or more and “Cover me until open enrollment”
Draft/charges
 - Initial draft/charges at time of application submission
 - Subsequent draft/charges will be posted three days prior to the monthly effective date
- Payment options
 - Credit card or ACH/EFT
 - Payment method may be changed at any time through the MyLoomis portal
- Applications cannot be generated/submitted more than 90 days* prior to requested effective date
 - *60 days in MI, MN

Eligibility

- Available to the primary applicant and spouse age 18 - 64 and dependent children under the age of 26
- Child-only plans available for children ages 2 - 18
- Must be a United States resident, a person lawfully authorized to live permanently within and currently residing in the United States. *Requirement varies by state.*



Pre-existing Condition Limitation

Connect STM plans: A pre-existing condition as defined below is not a covered benefit.

Connect Plus plans: A benefit of up to \$25,000 is available for eligible medical expenses for pre-existing conditions, per person, per policy.

A pre-existing condition is defined* as any medical condition or sickness for which medical advice, care, diagnosis, treatment, consultation or medication was recommended or received from a doctor within five years immediately preceding the covered persons' effective date of coverage; or symptoms within the five years immediately prior to the coverage that would cause a reasonable person to seek diagnosis, care or treatment.** Consultation means evaluation, diagnosis, or medical advice was given with or without a personal examination or visit.

*Definition varies by state.

**Six months in GA and WY; 12 months in IN, LA, MI, MS, NC, SD, and WV;
24 months in FL ; and 36 months in MT.

Exclusions

Below is a partial listing of STM policy exclusions. Exclusions vary by state and product. For complete details, refer to the Policy

- Treatment of Pre-Existing Conditions, except if covered under the Outpatient Prescription Medication Benefit Rider
- Expenses incurred prior to the effective date of a covered person's coverage or incurred after the expiration date, regardless of when the condition originated, except in accordance with the extension of benefits provision
- Treatment, services and supplies for: Complications resulting from treatments, drugs, supplies, devices, procedures or conditions which are not covered under the policy; or Experimental or investigational services or treatment, unproven services or treatment
- Amounts in excess of the usual, reasonable and customary charges made for covered services or supplies, amounts you or your covered dependents are not required to pay or which would not have been billed if no insurance existed
- Pregnancy or childbirth except for the complications of pregnancy.
- Spinal manipulations and/or adjustments are excluded regardless of what type of provider performs the treatment.
- Treatment of mental illness or nervous disorders, alcoholism or drug addiction or chemical dependency.
- Expenses paid under another insurance plan, including Medicare, government institutions, workers' compensation or automobile insurance
- Participation in intercollegiate sports, or semi-professional and professional organized competitive sports (including practice) for pay or profit.
- Medical care, treatment, service or supplies received outside of the United States, Canada or its possessions.

Verification & eSignature

Text/Email Verification

Summary of changes

We've made improvements to our application process, introducing a choice between four options when enrolling your client:

- **Text/email:** Customers can now review their application via email or text and sign for it electronically
- **Phone recording:** If the producer has the ability record and store the call for 7 years, the text/email function will not be required
- **In person:** Sales that are made in person will not have the requirement for the applicant to review and sign their applications electronically or be recorded
- **Customer Link:** Using the Link Creation Tool, share your personalized link with your customers to complete the quoting and enrollment process themselves

These options will be available for all IAIC and MNL product available to quote and enroll on the IHC Marketplace website

Text/Email Verification

Shopping Cart

[Continue Shopping](#)

You're almost there. Please review the details of your product(s) in your shopping cart below. You may add more items to your cart or email a preview of your cart for additional review. Once you are ready to continue, select 'Begin Application' below.

Policy	Product Type	Coverage Start Date	Cost
Connect STM Details	Short Term Health Insurance	08/06/2020 <i>Coverage ends on Jan 1, 2021</i>	\$94.69/mo Remove


Email

Cart Summary	
Connect STM	\$94.69/mo
Total Monthly Cost ⓘ	\$94.69/mo
One-time enrollment fee ⓘ	\$0.00
Initial Payment ⓘ	\$94.69

 [Begin Application](#)



Agent View - In Person or On Phone Selection



***IHC SPECIALTY BENEFITS INC** 866-...

Applicant Verification

By selecting the delivery method as the Producer, you are agreeing to the following statement(s):

*** Verify if Applicant is:**
☐ In Person ☒ On Phone

*** Please select how the Applicant would like to receive verification:**
☐ Email
☐ Text
☐ Phone

Producer to read the following to the Applicant:

By checking and acknowledging the following, you, the Applicant, are confirming you have the necessary hardware and software to access and retain your records electronically. You are agreeing you are able to open PDF files on your computer or mobile phone and access the internet. Supported browsers include: Internet Explorer (version 8 or above), Windows Edge, Mozilla Firefox, Google Chrome or Safari (version 6.2 or above). Please note, message and data rates may apply. If at a later date, you wish to opt out, please contact the administrator. If you would like a paper copy of your documents at no cost, please contact the administrator.

☐ You, the Applicant, agree to receive documents and official notices regarding the products in electronic form as described above.

Continue

Applicant Details
Please answer the following questions.

Current Plan Details

Applicants
Applicant (33 year old female)

State/Zip
Alabama/35004

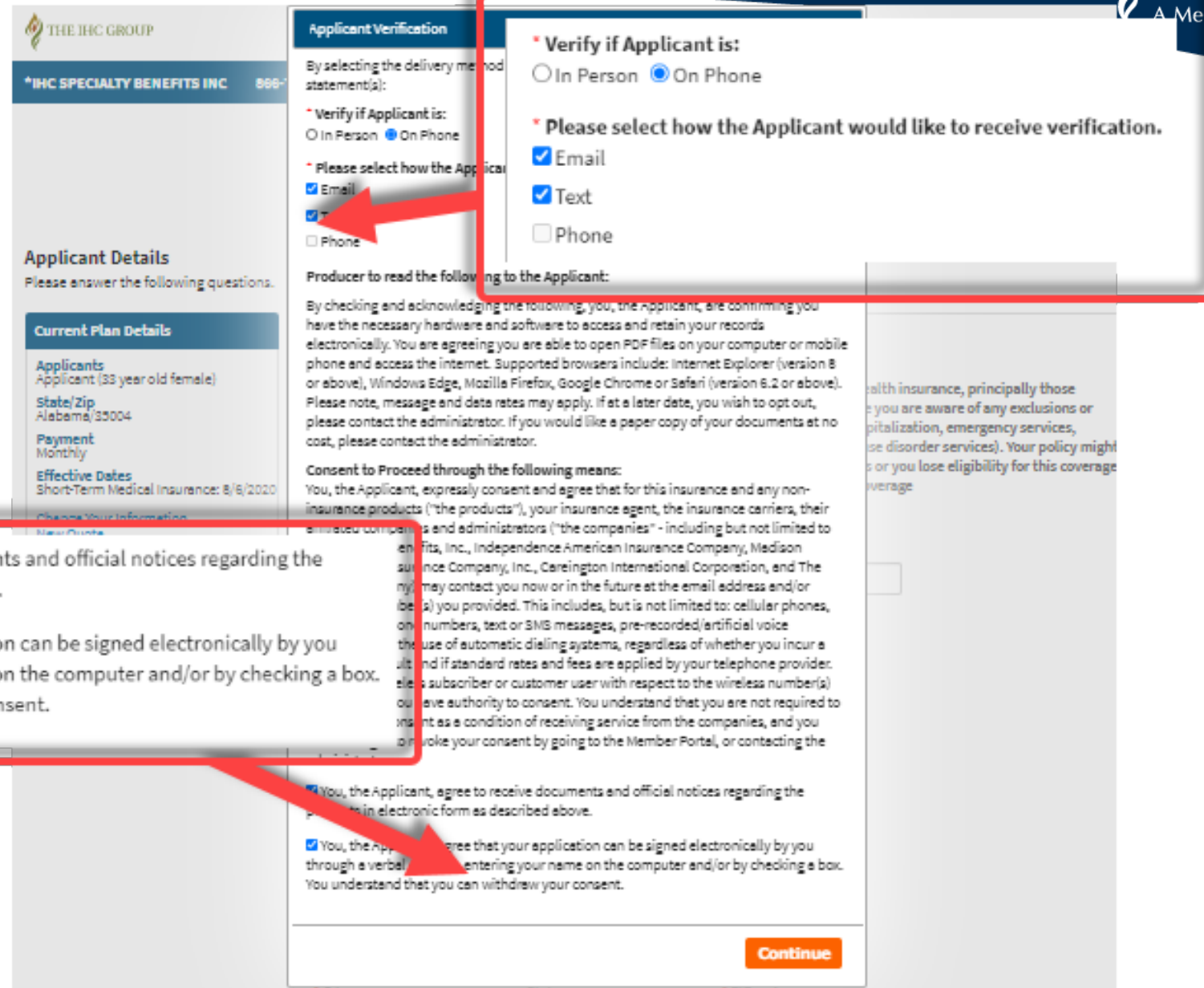
Payment
Monthly

Effective Dates
Short-Term Medical Insurance: 8/6/2020

[Change Your Information](#)
[New Quote](#)

Select if applicant is in person or on the phone

Agent View - Email/Text Verification Selection



Applicant Verification

By selecting the delivery method statement(s):

* Verify if Applicant is:
☐ In Person ☒ On Phone

* Please select how the Applicant would like to receive verification.
☒ Email
☒ Text
☐ Phone

Producer to read the following to the Applicant:

By checking and acknowledging the following, you, the Applicant, are confirming you have the necessary hardware and software to access and retain your records electronically. You are agreeing you are able to open PDF files on your computer or mobile phone and access the Internet. Supported browsers include: Internet Explorer (version 8 or above), Windows Edge, Mozilla Firefox, Google Chrome or Safari (version 6.2 or above). Please note, message and data rates may apply. If at a later date, you wish to opt out, please contact the administrator. If you would like a paper copy of your documents at no cost, please contact the administrator.

Consent to Proceed through the following means:
You, the Applicant, expressly consent and agree that for this insurance and any non-insurance products ("the products"), your insurance agent, the insurance carriers, their employees, agents and administrators ("the companies") - including but not limited to Independence American Insurance Company, Inc., Independence American Insurance Company, Madison Insurance Company, Inc., Careington International Corporation, and The Independence American Insurance Company, Inc. may contact you now or in the future at the email address and/or telephone number(s) you provided. This includes, but is not limited to: cellular phones, landline phones, text or SMS messages, pre-recorded/artificial voice messages, and the use of automatic dialing systems, regardless of whether you incur a charge and if standard rates and fees are applied by your telephone provider. You, the Applicant, as a subscriber or customer user with respect to the wireless number(s) you provided, hereby give authority to consent. You understand that you are not required to consent as a condition of receiving service from the companies, and you may revoke your consent by going to the Member Portal, or contacting the administrator.

☒ You, the Applicant, agree to receive documents and official notices regarding the products in electronic form as described above.

☒ You, the Applicant, agree that your application can be signed electronically by you through a verbal consent, entering your name on the computer and/or by checking a box. You understand that you can withdraw your consent.

Continue

Applicant Details

Please answer the following questions.

Current Plan Details

Applicants

Applicant (33 year old female)

State/Zip

Alabama/35004

Payment

Monthly

Effective Dates

Short-Term Medical Insurance:
8/14/2020

[Change Your Information](#)

[New Quote](#)

* Required

APPLICATION FOR INDIVIDUAL LIMITED SHORT TERM MEDICAL EXPENSE INSURANCE

This coverage is not required to comply with certain federal market requirements for health insurance, principally those contained in the Affordable Care Act. Be sure to check your policy carefully to make sure you are aware of any exclusions or limitations regarding coverage of preexisting conditions or health benefits (such as hospitalization, emergency services, maternity care, preventive care, prescription drugs, and mental health and substance use disorder services). Your policy might also have lifetime and/or annual dollar limits on health benefits. If this coverage expires or you lose eligibility for this coverage, you might have to wait until an open enrollment period to get other health insurance coverage

Applicant

* Name

First Name

MI

Last Name

Date of Birth

01/01/1987

* Gender

☐ Male

☒ Female

* Marital Status

☐ Married

☒ Single

☐ Domestic Partner

Social Security Number (OPTIONAL)

###-##-####

Agent to fill out
applicant information

Eligibility

Please answer the following eligibility questions before you begin.

Current Plan Details

Applicants

Applicant (33 year old female)

State/Zip

Alabama/35004

Payment

Monthly

Effective Dates

Short-Term Medical Insurance:
8/14/2020

[Change Your Information](#)
[New Quote](#)

Agent to ask
applicant
medical
qualifying
questions

* Required

Short-Term Medical Insurance

Medical Qualifying Questions

Please answer the following medical questions for all individuals, including dependents, applying for coverage:

Please be aware that Fraud or intentional material misrepresentation may be a basis for rescission of your coverage. In the event of a rescission; (1) coverage will be void as of the Effective Date; (2) all premiums paid will be refunded; (3) any claims that have been submitted will be denied; (4) if any claims have been paid, the amount of claims paid will be deducted from any premium refund due.

* Will any person to be covered be eligible for a government sponsored health insurance plan (Medicare or Medicaid)?

☐ Yes ☐ No

* Are you or is any immediate family member (whether named or not named in this enrollment form) pregnant, an expectant parent, in the process of adopting a child, or undergoing fertility treatment?

☐ Yes ☐ No

* Are you or any person applying for coverage currently over 300 pounds if male or 250 pounds if female OR has anyone to be insured undergone weight loss or bariatric surgery?

☐ Yes ☐ No

* HAS ANY PERSON LISTED ON THIS APPLICATION RECEIVED AN ABNORMAL TEST REPORT, MEDICAL ADVICE, OR DIAGNOSIS, CARE OR TREATMENT RECOMMENDED OR RECEIVED WITHIN THE LAST 5 YEARS FOR A CONDITION LISTED BELOW?

- Stem Cell Transplant
- Heart Disorder, Heart Attack, Coronary Artery Disease Or Circulatory System Disorder (Includes Bypass, Stent Surgery or

Review and Acknowledge

The Applicant has elected to complete their enrollment electronically via Text/Email. Please complete the Review and Acknowledge steps as described below.

Current Plan Details

Applicants

Applicant (33 year old female)

State/Zip

Alabama/35004

Payment

Monthly

Effective Dates

Short-Term Medical Insurance: 8/6/2020

[Change Your Information](#)

[New Quote](#)

Click the Send/Resend Application button in order to send the Email/Text to your Applicant as they selected on the Applicant Verification page. They will receive the text/email with a custom link to review and complete their application. Once the application is selected along with fraud warnings, give their consent to the electronic delivery of the application. Once the application is completed, you will be able to proceed to the next page and collect payment.

[Send/Resend Application](#)

Status Not Complete

If the Applicant chooses not to proceed with the electronic signature process and would instead like to complete their signatures over the phone, select the Restart Enrollment button below. They will need to proceed with Phone verification instead of Email and/or Text.

Agent must click
“Send/Resend Application”
in order for text and/or
email to send to customer

[Restart Enrollment](#)

[Continue](#)

Review and Acknowledge

The Applicant has elected to complete their enrollment electronically via Text/Email. Please complete the Review and Acknowledge steps as described below.

Current Plan Details

Applicants

Applicant (33 year old female)

State/Zip

Alabama/35004

Payment

Monthly

Effective Dates

Short-Term Medical Insurance:
8/12/2020

[Change Your Information](#)
[New Quote](#)

Click the Send/Resend Application button in order to send the Email/Text to your Applicant as they selected on the Applicant Verification page. They will receive the text/email with a custom link to review and accept their application for the products they selected along with fraud warnings, give their consent to the electronic delivery of records and sign electronically. Once this is completed, you will be able to proceed to the next page and collect payment.

Send/Resend Application

Status changes to "Sent"

Status: Sent

If the Applicant needs to update application information, chooses to change their method of electronic delivery or would instead like to complete their signatures over the phone, select the Restart Enrollment button below.

Restart Enrollment

Continue

If you click "Restart Enrollment" you will be brought back to choosing the method of delivery. Applicant data will be saved but can be changed at this time. **IMPORTANT:** Any application sent to the customer prior to this change will be void. You will need to send a new link to be completed before process can continue.




IHC Marketplace Submissions <ihcmarketplacesubmissions@ihcgroup.com>

The IHC Group: Application Electronic Verification

Retention Policy 7 Year Delete (7 years)

Expires 8/4/2027

 If there are problems with how this message is displayed, click here to view it in a web browser.



THE IHC GROUP

Aug 5, 2020

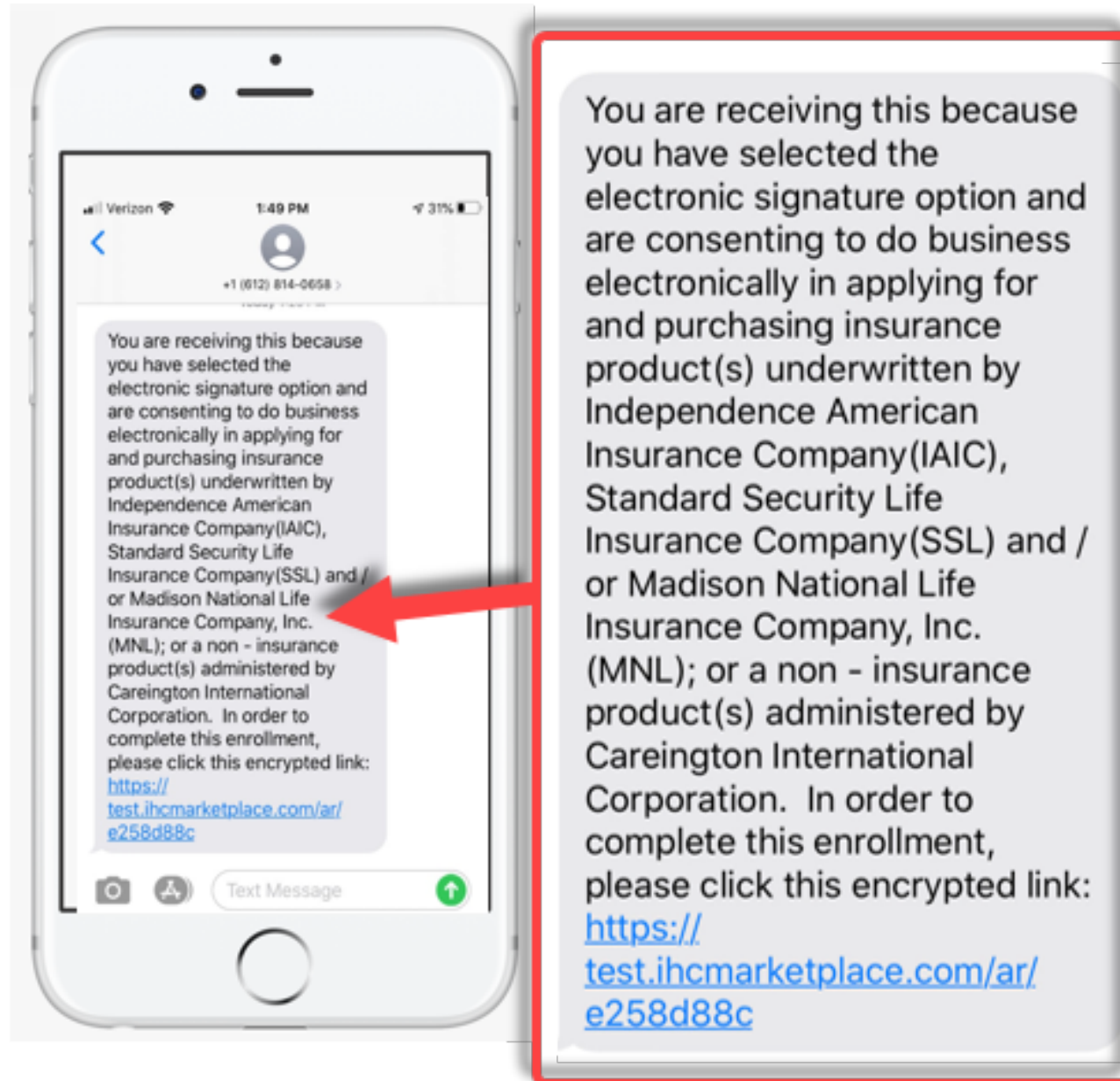
Hi Jane,

You are receiving this because you have selected the electronic signature option and are consenting to do business electronically in applying for and purchasing insurance product(s) underwritten by Independence American Insurance Company (IAIC), Standard Security Life Insurance Company (SSL) and/or Madison National Life Insurance Company, Inc. (MNL); or a non-insurance product(s) administered by Careington International Corporation.

In order to complete this enrollment, please click this encrypted link.

Thank you.

[Complete Enrollment](#)



Confirm Your Identity

Please enter the primary Applicant's date of birth and ZIP code to proceed:

MM/DD/YYYY



ZIP Code:

ZIP Code

Date of birth and ZIP
Code must match
application data exactly

By entering this information, you agree that you are the primary Applicant, or if the primary Applicant is a minor, you are their legal guardian and signing on the minor's behalf.

Continue

Electronic Records Consent

CONSUMER CONSENT TO THE ELECTRONIC DELIVERY OF RECORDS & DOCUMENTS ("Agreement")

This Agreement contains important information that you are entitled to receive before you consent to receive electronic records & documents from us.

For purposes of this Agreement: "we," "us," "our," or "the company" refers to the IHC Group, which includes: Madison National Life Insurance Company, Inc. ("**Madison**"), Standard Security Life Insurance Company of New York ("**Standard Security**") and Independence American Insurance Company ("**IAIC**"). "You" and "yours" refers to the owner(s) of one or more policies, and/or accounts issued or offered by any one of us, or a counter-party, prospective counter-party, to a contract with us.

Please read the following terms and conditions carefully.

Your agreement and consent. To the extent permitted by law, this Agreement is a global agreement and consent, meaning it applies

I accept the terms of the CONSUMER CONSENT TO THE ELECTRONIC
DELIVERY OF RECORDS & DOCUMENTS ("Agreement").

Current Plan Details

Applicants

Applicant (33 year old female)

State/Zip

Alabama/35004

Payment

Monthly

Effective Dates

Short-Term Medical Insurance:
8/11/2020

* Required

☒ Consumer Consent to the Electronic Delivery of Records and Documents Agreement

☐ **Short-Term Medical Insurance**

You must review your application before you can proceed

[Review Application](#)

Must be clicked on to
review per application to
turn check box(es) green

Fraud Warning: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

ACCEPTANCE AND ACKNOWLEDGEMENT:

I hereby apply for the coverage selected on this application form. I understand that the coverage shall not become effective until this application is accepted by the insurer and the initial premium is paid. I read this application carefully and represent that the information I provided is true, correct and complete to the best of my knowledge and belief. I understand that the insurer relied on my statements and my answers to the medical history questions and it is the basis for determining the issuance or denial of coverage. I understand that any Fraud or intentional material misstatement (such as an omission) may result in the denial of benefits and/or the termination of coverage.

Current Plan Details

Applicants

Applicant (33 year old female)

State/Zip

Alabama/35004

Payment

Monthly

Effective Dates

Short-Term Medical Insurance:
8/11/2020

* Required

✓ [Consumer Consent to the Electronic Delivery of Records and Documents Agreement](#)

✓ **Short-Term Medical Insurance**

You must review your application before you can proceed.

[Review Application](#)

Turns green once all
applications have
been reviewed

Fraud Warning: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

ACCEPTANCE AND ACKNOWLEDGEMENT:

I hereby apply for the coverage selected on this application form. I understand that the coverage shall not become effective until this application is accepted by the insurer and the initial premium is paid. I read this application carefully and represent that the information I provided is true, correct and complete to the best of my knowledge and belief. I understand that the insurer relied on my statements and my answers to the medical history questions and it is the basis for determining the issuance or denial of coverage. I understand that any Fraud or intentional material misstatement (such as an omission) may result in the denial of benefits and/or the termination of coverage.

Applicant View – Applicant Signature (Email and Text)

* Signature of Applicant

Jane Doe

Next

You agree and consent the use of a key, pad, mouse or other device to select an item, button, icon or similar act/action while using this website; or in accessing or making any transactions regarding this application. Your use of this website constitutes your acceptance, and agreement as if actually signed by you in writing. Further, you agree no certain verification is necessary to the validity of your electronic signature; and the lack of such verification will not in any way affect the enforceability of your signature or the resulting contract. You warrant the information provided is true, complete and accurate.

Must match
name on
application
completely

Please note:

- Any electronic document bearing a user's e-signature will be considered "information stored electronically."
- Any user e-signed document shall be deemed to be an "original" document when printed and used in the normal course of business.
- Absent manifest error, the admissibility, validity, or use of any e-signed electronic document cannot be contested.

By selecting continue you, the Applicant, agree you understand the following statements:

- * ☒ Products listed above are not major medical, and do not qualify as an ACA "Obamacare Plan".
- * ☒ Products listed above may have a waiting period, or pre-existing condition provision.

Continue

Current Plan Details

Applicants

Applicant (49 year old male)

State/Zip

Arizona/85054

Payment

Monthly

Effective Dates

Short Term Medical Insurance:
11/14/2019



We Received Your Electronic Signature

Your information has been sent for review and payment processing. You will receive an email confirmation shortly.

Please remain on this page until the agent has completed the payment process. When payment is complete, you will be able to view and print your application documents by clicking on link(s) below.

Review and Acknowledge

The Applicant has elected to complete their enrollment electronically via Text/Email. Please complete the Review and Acknowledge steps as described below.

Current Plan Details

Applicants

Applicant (33 year old female)

State/Zip

Alabama/35004

Payment

Monthly

Effective Dates

Short-Term Medical Insurance: 8/6/2020

[Change Your Information](#)
[New Quote](#)

Click the Send/Resend Application button in order to send the Email/Text to your Applicant as they selected on the Applicant Verification page. They will receive the text/email with a custom link to review and accept their application for the products they selected along with fraud warnings, give their consent to the electronic delivery of records and sign electronically. Once this is completed, you will be able to proceed to the next page and collect payment.

[Send/Resend Application](#)

Status: Complete

If the Applicant chooses not to proceed with the electronic signature process and would instead like to complete their signatures over the phone, select the Restart Enrollment button below. They will need to proceed with Phone verification instead of Email and/or Text.

Status changes to
“Complete” once
applicant is finished

[Restart Enrollment](#)

[Continue](#)

* Required

Short-Term Medical Insurance

Monthly Premium: \$94.69

Total Monthly Cost: \$94.69

Initial Payment Due: \$94.69

Initial payment equals your monthly premium, monthly fee, plus a one-time enrollment fee. Please note that the initial binding payment listed above will be debited from your account at the time of your application submission. Recurring payments going forward will be debited 2-3 business days prior to your monthly renewal date.

Payment Method

* Please select a payment method below and complete the account information

☐ Bank Draft ☒ Credit Card

* Select Card Type

☐  ☐  ☐ 



Submission Complete

Your application(s) have been sent for review.

Provided below are copies of your application documents. Please print your application documents by clicking on the link(s) below.

Short-Term Medical Insurance

Connect STM

[Download Application Documents](#)

Current Plan Details

Applicants

Applicant (33 year old female)

State/Zip

Alabama/35004

Payment

Monthly

Effective Dates

Short-Term Medical Insurance:
8/14/2020

Vision Insurance: 8/14/2020

Dental Insurance: 8/14/2020



Submission Complete

Your application(s) have been sent for review.

Provided below are copies of your application documents. Please print your application documents by clicking on the link(s) below.

Short-Term Medical Insurance

Connect STM

[Download Application Documents](#)

Client can now download
their application
documents immediately
after payment is complete

Text/Email Verification Summary

- Producer discusses and performs quote the same as they do today
- Before beginning the application, producer selects email and/or text as the application delivery method
- Producer fills out application and medical question information on behalf of the applicant
- Producer remains on the phone with the applicant as they review the Electronic Records Consent and sign the application
- After the application is signed by the applicant, the producer then proceeds by entering the applications payment information
- Both applicant and producer are notified electronically after the producer submits the application and receive immediate access to application documents

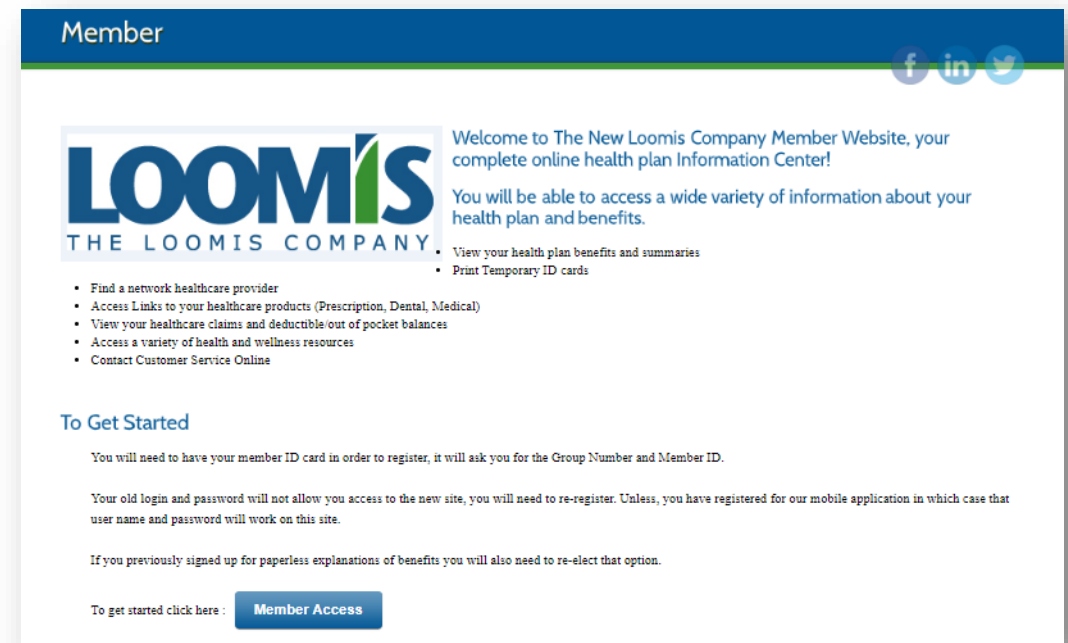
Administration and Customer Service

The Loomis Company

Administration

Administration and policy fulfillment is provided by Loomis

- The MyLoomis customer portal provides easy and convenient access to claims information, accumulators, ID cards, forms and resources as well as chat features and phone numbers
- Loomis provides a single bill and payment for all products purchased in the same shopping cart



<https://www.loomisco.com/healthxgateway/member/>

Claims Payment Model

- IHC uses a reference-based pricing model to determine how STM claims will be reimbursed. These models use benchmarks like cost-of-service and Medicare reimbursement rates to determine charges which are reasonable and fair for providers, patients, employers and insurance carriers.
- IHC works with two vendors who provide these services: Data iSight and ClearHealth Strategies. The vendor used varies by state.
- Data iSight utilizes a proprietary methodology, while ClearHealth utilizes Medicare as the benchmark (or reference base). For ClearHealth, this means claims are reimbursed at a defined percentage above the Medicare reimbursement rate.

How does it work?

1



GET CARE

- Freedom to receive care from ANY doctor, hospital or health care provider with no network restrictions
- Present insurance ID card to the provider
- Provider (or insured) submits the claim to Loomis, the Third Party Administrator (TPA)

2



TPA PROCESSES CLAIMS

- Loomis routes all eligible claims to vendor for pricing
- Vendor applies pricing methodology to all claims and returns to Loomis
- Loomis processes claims with vendor pricing; sends EOB to insured and EOP to provider which explains how the claim was paid

Claims Payment

Provider and Member Appeals

- Most providers accept the allowable or reference based pricing amount as payment in full.
- If a provider does not accept the allowable amount, or pursues additional reimbursement up to the billed charge (balance bills the patient), the insured may appeal.
- Providers can also appeal. It is most common for appeals to come directly from the provider.

DIRECT PROVIDER EDUCATION + NEGOTIATION

- In these scenarios, Data iSight and ClearHealth negotiate with providers on the patient's behalf.
- These negotiations may result in an additional payment to the provider.
- Per the STM policy, If the provider is unwilling to negotiate or accept the payment, the patient will be responsible for paying the difference between the billed charge and the allowable amount.

3



PROVIDER INQUIRIES

- Providers may submit pricing inquiries directly to the vendor (based on info on EOP)
- Vendor works directly with provider to resolve the appeal
- Vendor notifies Loomis of final resolution
- Loomis reprocesses claim or notifies insured of final decision

4



MEMBER APPEALS

- If balance billed, insured contacts Loomis directly at the phone number provided on the EOB
- Loomis submits eligible inquiries to vendor
- Vendor works directly with provider to resolve the appeal
- Vendor submits resolution to Loomis for final processing or closure

Prescription Drug Benefit Administration

Connect Rx, Connect Extend Rx, Connect Plus Rx Only

- Prescription drug benefit is provided through CVS Caremark
- Insured will access info through the Loomis member portal
 - Link to CVS Caremark website, where insured will register for an account
- Once registered, insured can view the drug formulary, find participating pharmacies, and check drug costs
- ID cards will show Pharmacy Plan with CVS Caremark logo
- Questions regarding Rx claims should be directed to CVS

Quick Links

[PDR](#)[CVS](#)[Employee Handbook](#)[ID Card](#)[WebMD](#)[Ask a Question](#)[Frequently Asked Questions](#)

Key Contact Information



Agents/Policyholders

- **Customer Service**
 - 866-473-6615
 - Chat feature: Available through the portal
 - Hours: Monday – Friday from 8 AM to 8 PM EST
- **Claims**
 - Fax: 610-374-6986, ATTN: IHC Claims
 - Mailing address:
The Loomis Company
P.O. Box 13668
Reading, PA 19612-3668
EDI# CB231

Terminations

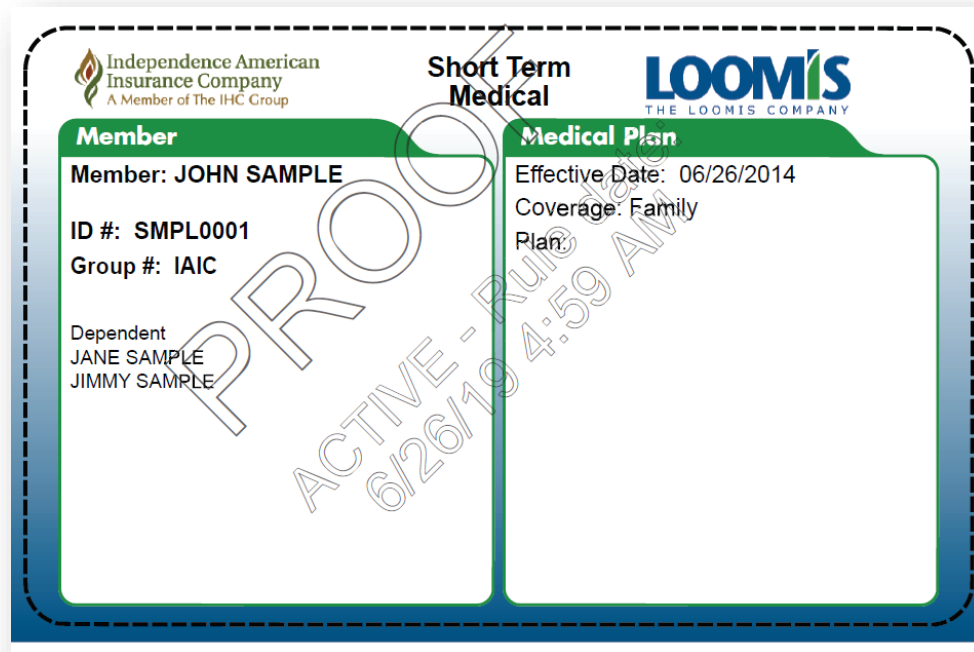
- cancel@loomisco.com
- Fax: 610-374-6986, ATTN: IHC

Commissions: ihccommissions@loomisco.com

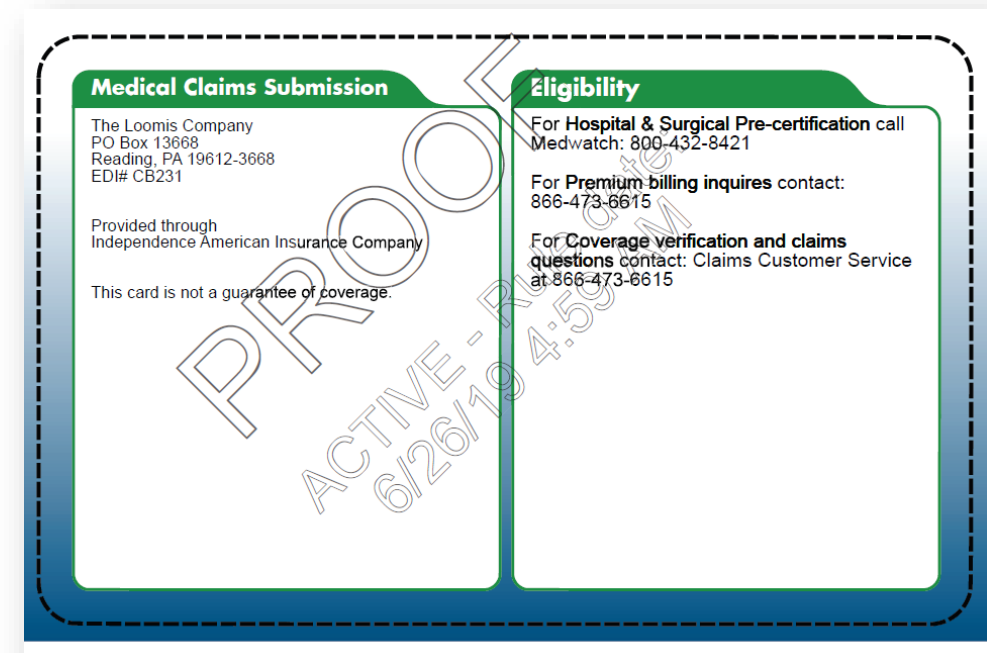
STM Sample ID Card – *No Rx Benefit*

- Durable plastic ID cards are issued to policyholders for Short-Term Medical
- Insureds can also view these ID cards on the MyLoomis portal and mobile website

FRONT



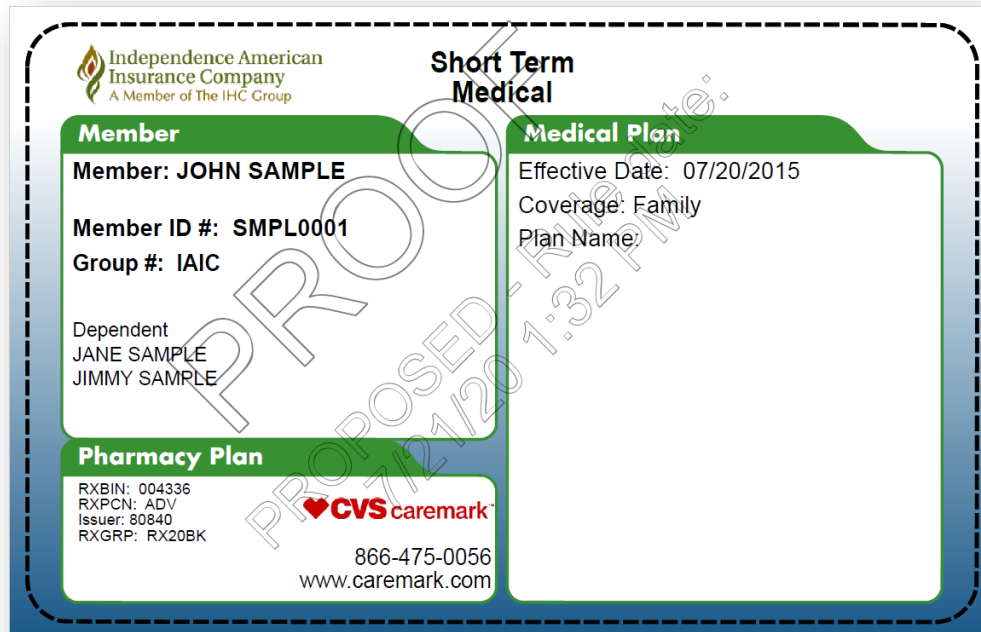
BACK



STM Sample ID Card – *With Rx Benefit*

- Durable plastic ID cards are issued to policyholders for Short-Term Medical
- Insureds can also view these ID cards on the MyLoomis portal and mobile website

FRONT



The front of the ID card features the Independence American Insurance Company logo and name at the top left. The title "Short Term Medical" is centered at the top. The card is divided into three main sections: "Member", "Medical Plan", and "Pharmacy Plan". The "Member" section includes the member's name, ID number, group number, and dependent names. The "Medical Plan" section includes the effective date, coverage type, and plan name. The "Pharmacy Plan" section includes RXBIN, RXPCN, Issuer, RXGRP, and the CVS Caremark logo and contact information.

Independence American Insurance Company
A Member of The IHC Group

Short Term Medical

Member

Member: JOHN SAMPLE

Member ID #: SMPL0001

Group #: IAIC

Dependent
JANE SAMPLE
JIMMY SAMPLE

Medical Plan

Effective Date: 07/20/2015

Coverage: Family

Plan Name:

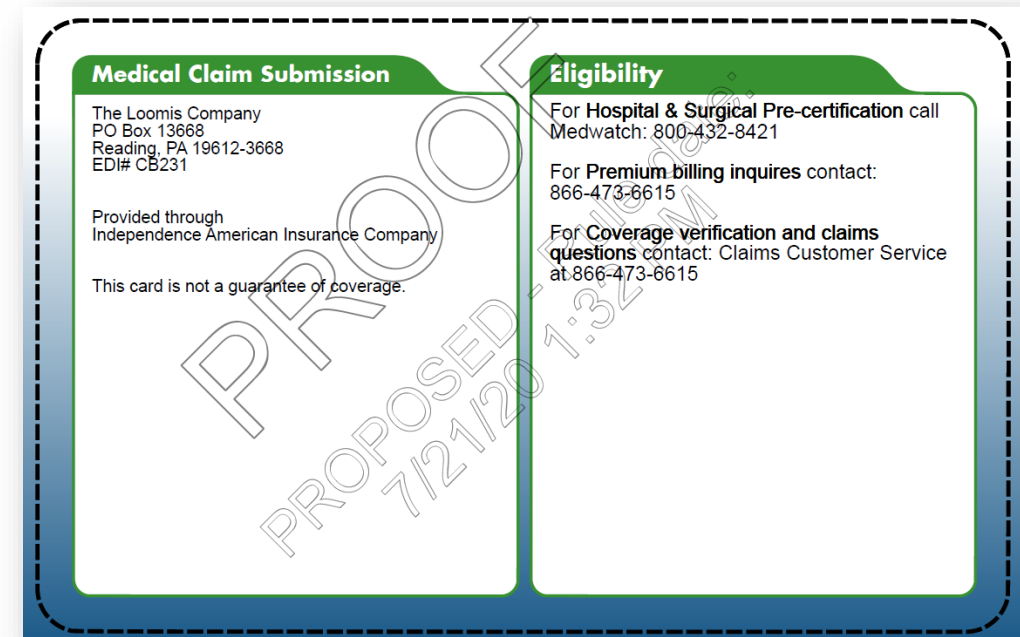
Pharmacy Plan

RXBIN: 004336
RXPCN: ADV
Issuer: 80840
RXGRP: RX20BK

CVS caremark

866-475-0056
www.caremark.com

BACK



The back of the ID card features two main sections: "Medical Claim Submission" and "Eligibility". The "Medical Claim Submission" section includes the Loomis Company address and phone number, and a disclaimer. The "Eligibility" section includes contact information for hospital and surgical pre-certification, premium billing inquiries, and coverage verification and claims questions.

Medical Claim Submission

The Loomis Company
PO Box 13668
Reading, PA 19612-3668
EDI# CB231

Provided through
Independence American Insurance Company

This card is not a guarantee of coverage.

Eligibility

For Hospital & Surgical Pre-certification call
Medwatch: 800-432-8421

For Premium billing inquiries contact:
866-473-6615

For Coverage verification and claims
questions contact: Claims Customer Service
at 866-473-6615

Important Information

This training presentation is for agents only, and not intended for client solicitation or public distribution. It provides a brief description of the important features of various IAIC STM insurance plans. Brochures are available and provided as a supplement to this training presentation. This presentation and the provided brochures are not a policy and only the actual policy provisions will control.

The policy itself sets forth in detail the rights and obligations of both the policyholder and the insurance company. It is, therefore, important that policyholders READ THE POLICY CAREFULLY.

This coverage is not required to comply with certain federal market requirements for health insurance, principally those contained in the Affordable Care Act. Be sure to check your policy carefully to make sure you are aware of any exclusions or limitations regarding coverage of pre-existing conditions or health benefits (such as hospitalization, emergency services, maternity care, preventive care, prescription drugs, and mental health and substance use disorder services). Your policy might also have lifetime and/or annual dollar limits on health benefits. If this coverage expires or you lose eligibility for this coverage, you might have to wait until an open enrollment period to get other health insurance coverage. Also, this coverage is not “minimum essential coverage.” If you don’t have minimum essential coverage for any month in 2019, you may have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

These products are not qualifying health coverage (“Minimum Essential Coverage”) that satisfies the health coverage requirement of the Affordable Care Act. If you don’t have Minimum Essential Coverage, you may owe an additional payment with your taxes. The termination or loss of this policy does not entitle you to a special enrollment period to purchase a health benefit plan that qualifies as minimum essential coverage outside of an open enrollment period. These products may include a pre-existing condition exclusion provision.

Important Information

About Independence American Insurance Company

Independence American Insurance Company is domiciled in Delaware and licensed to write property and/or casualty insurance in all 50 states and the District of Columbia. Its products include short-term medical, hospital indemnity, fixed indemnity limited benefit, group and individual dental, and pet insurance. Independence American is rated A- (Excellent) for financial strength by A.M. Best, a widely recognized rating agency that rates insurance companies on their relative financial strength and ability to meet policyholder obligations (an A++ rating from A.M. Best is its highest rating). Located at 485 Madison Ave., Floor 14, New York, NY 10022.

About The Loomis Company

The Loomis Company (Loomis), founded in 1955, has been a leading Third Party Administrator (TPA) since 1978. Loomis has strategically invested in industry leading ERP platforms, and partnered with well-respected companies to enhance and grow product offerings. Loomis supports a wide spectrum of clients from self-funded municipalities, school districts and employer groups, to large fully insured health plans who operate on and off state and federal marketplaces. Through innovation and a progressive business model, Loomis is able to fully support and interface with its clients and carriers to drive maximum efficiencies required in the ever evolving healthcare environment.

Thank You!