

Quality health plans & benefits
Healthier living
Financial well-being
Intelligent solutions

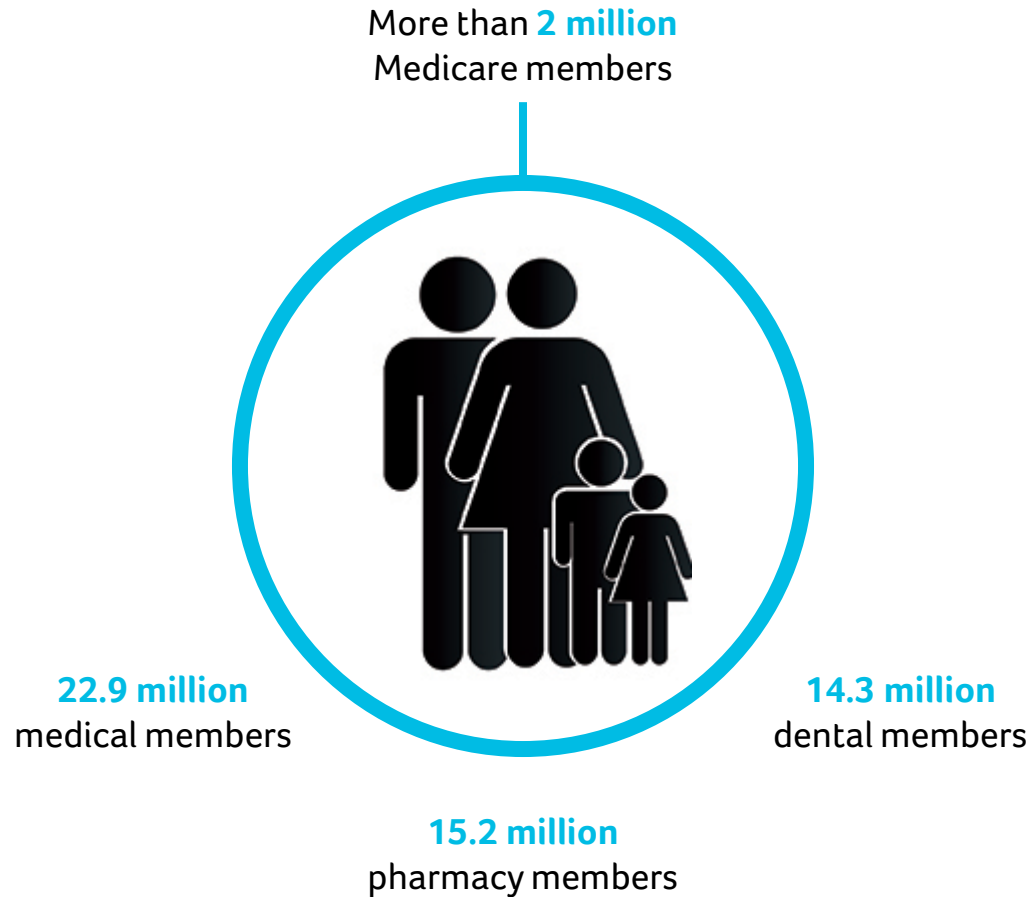


Protection SeriesSM - Hospital Indemnity Insurance Plans

Underwritten by Continental Life Insurance Company of Brentwood, Tennessee (CLI)



Aetna: A recognized leader in health insurance



*As of June 30, 2016

Top financial ratings – as of June 22, 2016

- Aetna Health and Life Insurance Company (AHLIC)
- American Continental Insurance Company (ACI)
- Continental Life Insurance Company of Brentwood, Tennessee (CLI)



A.M. Best

“A” Excellent is the third highest rating out of sixteen possible ratings by A. M. Best Company. Founded in 1899, A.M. Best Company is the world’s oldest and most authoritative insurance rating and information source.

Aetna Senior Supplemental Insurance*

- Over 30 years specializing in the senior market
- Focused on being a distributor preferred company, supporting long term success for our valued producers
- A small company personality with big company capability
- Proven “personalized” customer service
- Products to cross sell that will help grow your business
- Attractive commissions
- Diverse product portfolio that meet the unique needs of your clients
- Qualify for sales incentives (all products count - state compensation rules vary)
- Consumer Lead Referral Program

* Includes all products underwritten by American Continental Insurance Company (ACI) and Continental Insurance Company of Brentwood, Tennessee (CLI), Aetna companies; and Medicare Supplement products underwritten by Aetna Health and Life Insurance Company (AHLIC).

Underwritten by
Continental Life Insurance Company
of Brentwood, Tennessee
An Aetna Company

aetna

Protection Series™ –
**Hospital Indemnity
Insurance Plans**

Security solutions.
For peace of mind protection.

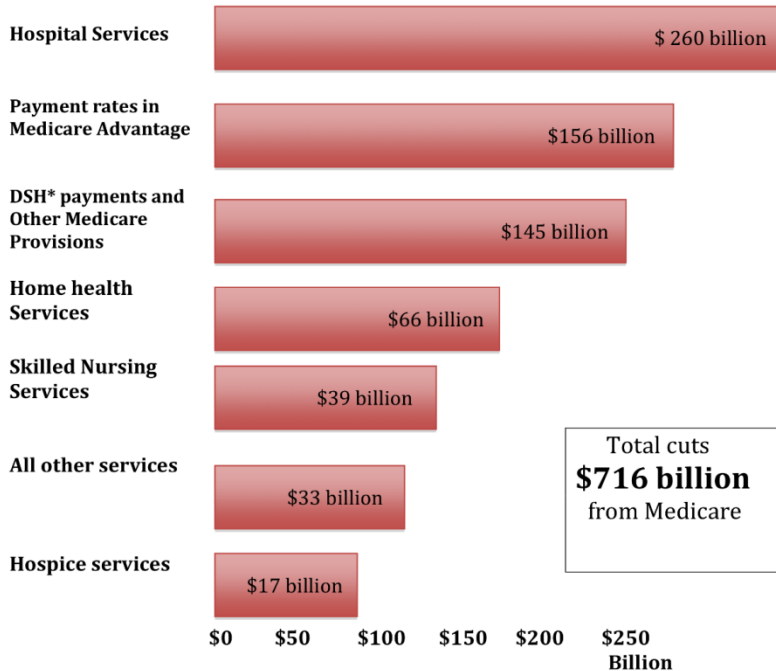
CLIH02797 120414

The opportunity

Anyone concerned with paying expenses that may be incurred as a result of a hospital stay, temporary skilled nursing facility stay, outpatient doctor visits, or surgery such as:

- The self employed
- A small business owner
- A primary caregiver

Cuts in Medicare- 2013-2022



Disproportionate Share Hospital, meaning payments that go to hospitals that serve a large number of low-income patients.

Source: Congressional Budget Office

Paying for hospital services

According to the Congressional Budget Office, budget cuts to Hospital Services as part of Medicare are projected to be **\$260 billion** between 2013-2022.

Inpatient versus observation stays

Did you know that staying overnight at a hospital doesn't always mean the person is listed as an inpatient?

A person only becomes an inpatient when a hospital formally admits the person as such, after a doctor orders it. Otherwise, a person could be billed for an “observation stay.” This impacts how much the person pays and qualifying for skilled nursing facility care through Medicare.



Check out this video on YouTube:
<https://youtu.be/A0E5lfFizqQ>

Sources: Medicare & You 2015 (p. 38), Centers for Medicare & Medicaid Services; NBC News, Office of the Inspector General (Dept. of Health and Human Services)

Inpatient versus observation stays



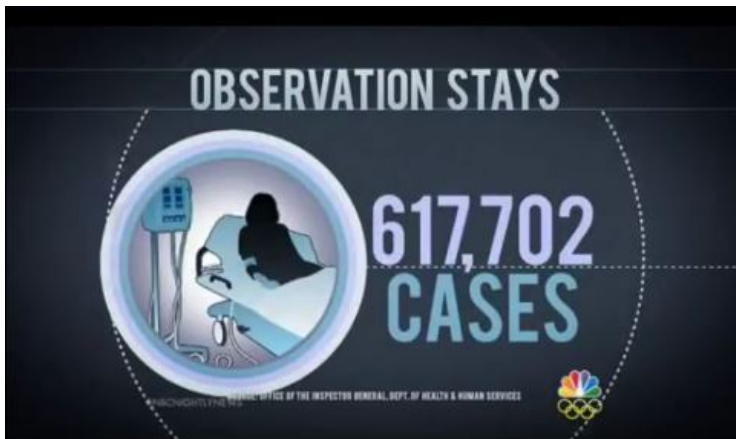
Medicare only pays for rehab for people admitted to a hospital as **inpatient** for 3 or more days, not if they were classified as **observation status**.

See the whole story here:

https://youtu.be/dpwUTK_fX2w

Inpatient versus observation stays

In 2015, there were more than **600,000** cases where patients were in the hospital for 3 days or more, but **not eligible for rehab coverage**.



See the whole story here:

https://youtu.be/dpwUTK_fX2w

Inpatient versus observation stays



That's what this patient experienced. She was under observation with a broken leg and was saddled with a \$28,350 rehab bill.

See the whole story here:

https://youtu.be/dpwUTK_fX2w

Inpatient versus observation stays

Hospitals are obligated to follow Medicare rules when assigning patients to their appropriate level of care.



See the whole story here:

<https://youtu.be/sLmIpQKCXhY>

Policyholder has the freedom to use the benefits* for:

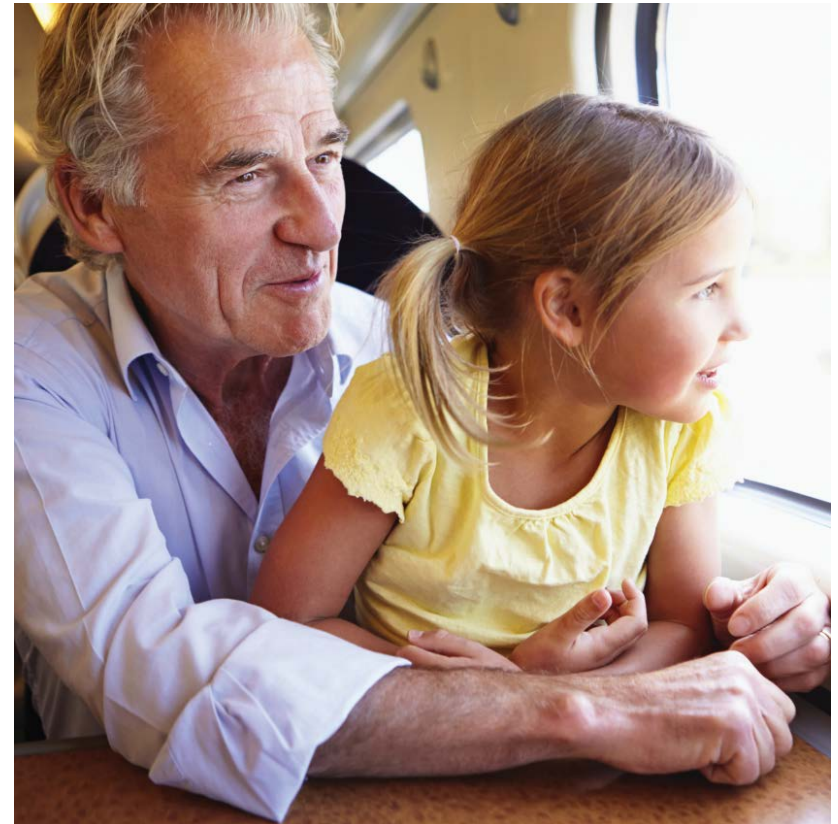
- Hospital confinement
- Skilled care received at a nursing facility
- Doctor's office visit for a covered illness or injury
- Outpatient surgical procedure
- Hospital emergency room visit or ambulance service



*Benefit availability varies by state.

Hospital Indemnity (HI) base benefit

- Pays a lump sum benefit for a hospital confinement of 24 hours or more
- Includes observation stays in a hospital
- Available in \$250 units, up to \$2500 maximum
- Payable once for each new period of care



Benefit availability varies by state. Product is not available in all states.

Daily Hospital Indemnity Benefit (optional)

- Pays for each day of hospital confinement
- Select benefit in increments of \$10
 - Up to \$300 per day of confinement
- Period of care is 20 days with a lifetime maximum of 365 days

Skilled Nursing Facility Indemnity (optional)

- For each day of confinement in a skilled nursing facility
- Select in increments of \$10
 - Up to \$200 per day of confinement
- Choice of covered days/period of care:
 - Days 1-20
 - Days 21-100
 - Days 1-100

Benefit availability varies by state. Product is not available in all states.

Doctor's Office Visit Indemnity (optional)

- For each doctor's office visit for a covered illness or injury
- Select in increments of \$10, up to \$60 per visit
- Up to 20 visits per year

Outpatient Surgical Procedure Indemnity (optional)

- Pays for an outpatient surgical procedure performed at an ambulatory surgical center or outpatient surgical facility for a covered illness or injury
- Select benefit in increments of \$250, up to \$1500 per surgical procedure

Hospital Emergency Room Visit or Ambulance Service Benefit (optional)

- Pays benefits for either a hospital emergency room visit or an ambulance service
- Must be medically necessary and on an emergency basis
- Pays up to \$200 per visit/service, two times per year

Benefit availability varies by state. Product is not available in all states.

What is the Period of Care?

- Begins the first day of confinement in a hospital due to a covered injury or sickness
- Ends when you have been out of the hospital or skilled nursing facility and do not require medical care for 60 continuous days

Is the policy guaranteed renewable?

- Yes

Are benefits paid directly to the policyholder?

- Yes, unless assigned to a healthcare provider

Do premiums increase because of age or health?

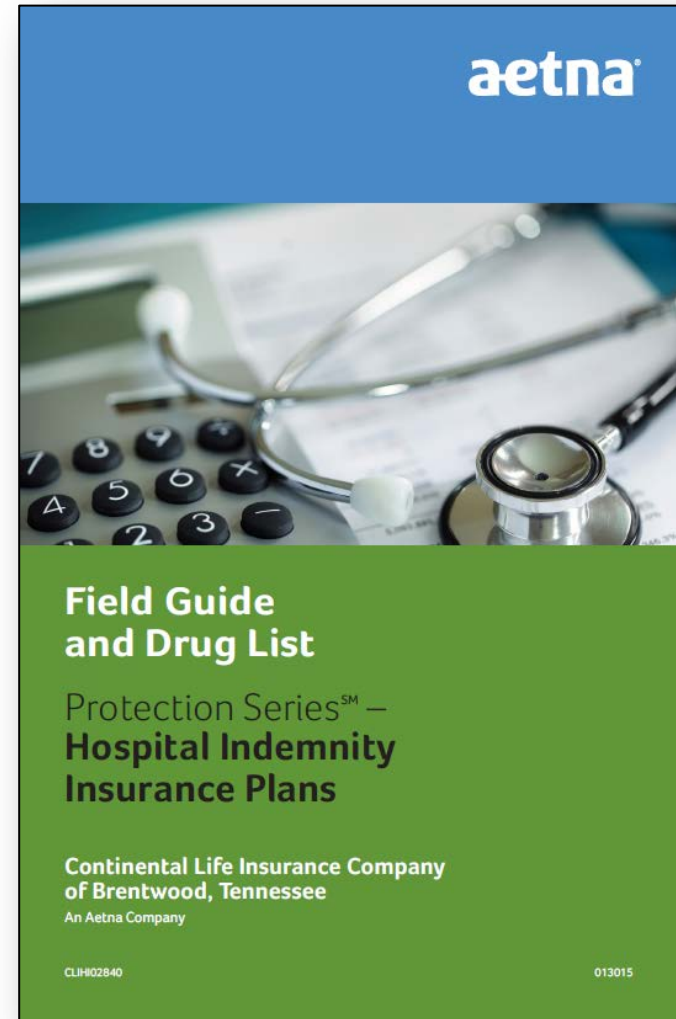
- No

Simplified Underwriting

- Yes or No application
- No phone interview required
- Prescription drug script check – reference the Field Guide for drug list

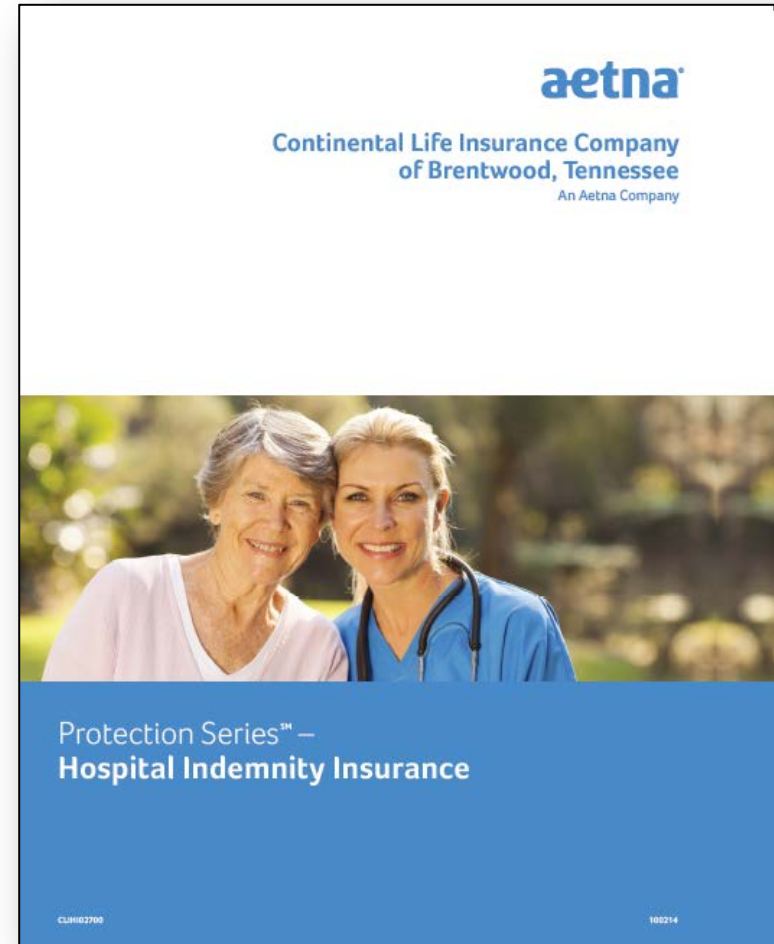
Pre-Existing Conditions

- Policy pays for pre-existing conditions after it has been in-force for **three months**
- Benefits for all other covered injury or sickness begins the date the policy is issued



Hospital Indemnity cannot be marketed or advertised as a...

- Replacement for a Major Medical plan
- Supplement to Medicare or a Medicare Supplement plan
- “Wrap,” “gap-filler,” “supplement,” or imply that it functions as one



Field Underwriting

Agents should use caution when asking an applicant the health questions found on the application form.

- Don't rush through the health questions
- Make sure the applicant fully understands each part of the question and has enough time to carefully consider his/her response.
- If an applicant is unsure as to how to answer any of the health questions based on his/her health history, contact our underwriting department for guidance before you complete the application form.

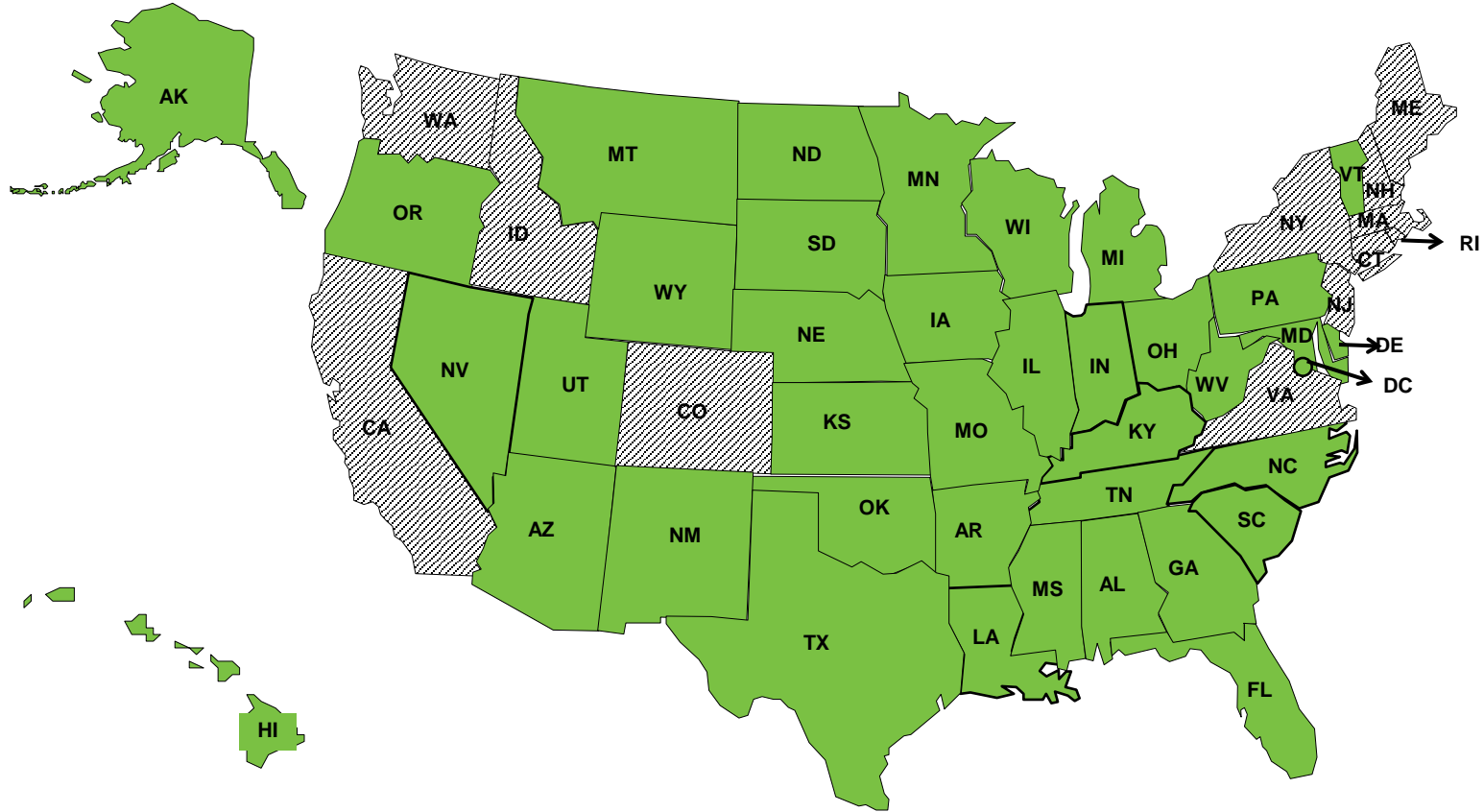
Be careful. Responding incorrectly to a health question can result in a policy that is later rescinded.

1. Are you currently:		
A. confined to a hospital or nursing facility?	<input type="radio"/> Y	<input type="radio"/> N
B. receiving any type of home health care?	<input type="radio"/> Y	<input type="radio"/> N
C. dependent on a wheelchair or motorized mobility device?	<input type="radio"/> Y	<input type="radio"/> N
2. Within the past 36 months have you been diagnosed or treated by a medical professional or had surgery for any of the following:		
A. congestive heart failure, CVA, stroke, kidney disease, Cirrhosis, Paget's disease, lupus or any connective tissue disorder?	<input type="radio"/> Y	<input type="radio"/> N
B. internal cancer (including breast cancer and prostate cancer), leukemia, lymphoma or melanoma?	<input type="radio"/> Y	<input type="radio"/> N
C. Alzheimer's disease, dementia, Parkinson's disease, cerebral palsy, multiple sclerosis, epilepsy, or any other neurological or neuromuscular disorder?	<input type="radio"/> Y	<input type="radio"/> N
D. acquired immune deficiency syndrome (AIDS), AIDS related complex (ARC), or tested positive for the Human Immunodeficiency Virus (HIV)?	<input type="radio"/> Y	<input type="radio"/> N
3. Within the past 24 months have you:		
A. been prescribed the use of oxygen by a medical professional?	<input type="radio"/> Y	<input type="radio"/> N
B. had an open colostomy or ileostomy?	<input type="radio"/> Y	<input type="radio"/> N
C. had any type of amputation caused by disease?	<input type="radio"/> Y	<input type="radio"/> N
D. had osteoporosis with compression fracture?	<input type="radio"/> Y	<input type="radio"/> N
E. been treated for transient ischemic attack (TIA)?	<input type="radio"/> Y	<input type="radio"/> N
F. been hospitalized three or more times for any reason?	<input type="radio"/> Y	<input type="radio"/> N
4. A. Are you currently taking or been advised by a medical professional to take 4 or more prescription drugs for heart or artery disease, stroke or heart rhythm disorders?	<input type="radio"/> Y	<input type="radio"/> N
B. Do you have insulin dependent diabetes in conjunction with a heart disorder (other than high blood pressure)?	<input type="radio"/> Y	<input type="radio"/> N
5. Within the past 12 months have you been diagnosed or treated by a medical professional or had surgery for any of the following:		
A. artery disease, including peripheral vascular disease (PVD) and peripheral artery disease (PAD)?	<input type="radio"/> Y	<input type="radio"/> N
B. any blood disorder?	<input type="radio"/> Y	<input type="radio"/> N
C. chronic respiratory disorder, hepatitis, pancreatitis, chronic cystitis, ulcerative colitis?	<input type="radio"/> Y	<input type="radio"/> N
D. mental or nervous disorder?	<input type="radio"/> Y	<input type="radio"/> N
6. Do you have diabetes:		
A. that requires the use of 30 or more units of insulin?	<input type="radio"/> Y	<input type="radio"/> N
B. with any complications resulting from the diabetes?	<input type="radio"/> Y	<input type="radio"/> N
7. Within the last 12 months have you been advised by a medical professional:		
A. to have any testing, surgery, or other evaluation and not done so, or have test results pending?	<input type="radio"/> Y	<input type="radio"/> N
B. that surgery may be required within the next year for any existing health condition, including cataracts or joint replacement?	<input type="radio"/> Y	<input type="radio"/> N
8. Within the past 12 months, have you been recommended or advised by a medical professional to have treatment or counseling for alcohol or drug abuse?	<input type="radio"/> Y	<input type="radio"/> N

How to start the conversation:

- Do you have a hospital copay or deductible plan?
- Do you have money set aside for those out-of-pocket expenses?





Product availability as of December 14, 2016

Applicant must reside in policy issue state



IMPORTANT:

- You need home office approval to sell before you take an application.
 - Indicate the states where you plan to sell in Section 4 of the Producer Information Form (PIF).
- Use approved marketing materials based on the policy issue state.
 - Sales kit includes all the required forms and sales materials (sales kits vary by state).
- No certification or tests are required.

Remember – as new products become available, home office approval is required. Make sure you are properly licensed AND appointed (with the appropriate underwriting company) in the state(s) where you wish to market any Aetna Senior Supplemental insurance product.

Aetna Health and Life Insurance Company
American Continental Insurance Company
Continental Life Insurance Company of Brentwood, Tennessee

Aetna Companies
 800 Crescent Centre Dr., Suite 200
 Franklin, TN 37067
 Tel: 800.264.4000 ext. 3, 5
 Fax: 866.618.4993
 AETSSContracting@Aetna.com

Producer Information And Appointment Form (PIF)

from Aetna Health and Life Insurance Company (AHLIC),
 American Continental Insurance Company (ACI), and
 Continental Life Insurance Company of Brentwood, Tennessee (CLI)

Page 1 of 7

Please print clearly completing all fields using blue or black ink, and **initial any corrections**.
 If completing electronically, fill in all blue highlighted areas. When complete, sign form, and print a copy for your records and submit.

1. Initial appointment

Complete all sections 2 - 9 below. Your appointment request will be processed for all entities listed above in states where you are appropriately licensed and product is available. You are not authorized to solicit any application on behalf of the company until you receive your welcome letter and producer writing code.

2. Individual applicant appointment information

Name *First, Middle, Last, Suffix (As it appears on your Resident License)*

Social Security Number (SSN) National Producer Number (NPN)

Date of birth Gender
 Female Male

Residential address *(Not a P.O. Box)*

City State Zip

Business address *(P.O. Box accepted)*

City State Zip

Preferred phone Secondary phone Fax

Preferred mailing address *Select one* E-mail address
 Residential Business

Previous names *List all other names or aliases you have used in the last 7 years*

Attach a separate sheet if more space is required for additional names.

3. Incorporated Entity, Partnership or LLC appointment information

Proceed to Section 4 if you are not Incorporated, a Partnership, or LLC. Appointment type entity *Select one*
 Partnership LLC Incorporated Entity

Entity name *As it appears on your Domicile State License* Tax Identification Number (TIN)

Officer should complete Section 3. Entity address

City State Zip

Entity phone Entity fax

Website address E-mail address

CGFLP02856
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030915

Privacy: It's Everyone's Responsibility

Customer information needs to be protected and secured at all times.

- Demographic, bank and health information
- Coverage type, policy and claims information

Data stored on laptops and other electronic and mobile devices used for business must be encrypted.

- Do not download or store customer data unless absolutely necessary
- Secure these devices when not in use.

Any loss of data, stolen/lost laptops/devices must be reported to Aetna Compliance as soon as possible.

- Notify Aetna's 24-hour corporate security hotline at 800 682.3213.

Vendors and support staff used by producers must also comply with privacy laws.

- Do not provide customer data to anyone other than what is minimally necessary to transact business.

Another Way We Help Agents To Grow Their Business With Us!

Get FREE leads from your existing policyholders with this simple program:

- Referral cards are sent to existing policyholders through their policy (when issued) and with each EOB.
- Policyholder provides a referral and receives a FREE gift.
- Agent works the referral AND receives his/her normal commission for the sale PLUS production credit.

Registration in the program is required.

For more information contact:

Natalie Slaughter, Program Manager

SlaughterN@aetna.com

Do you know someone who would be interested in the same type of insurance coverage and excellent service as you have?

Send us their name(s) and you will receive a **FREE GIFT!**

Thank you!

Aetna Senior Supplemental Insurance:

- Aetna Health and Life Insurance Company
- Aetna Life Insurance Company
- American Continental Insurance Company
- Continental Life Insurance Company of Brentwood, Tennessee

Aetna Companies

CGFLP01546
800 264.4000
030315

My name _____ **Policy No.** _____

Please mention my name when contacting these referrals. Yes No

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Age _____

.....

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Age _____

.....

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Age _____

ALL information for each referral must be completed in order to qualify for the free gift.

Our focus on helping you (the agent) is what sets us apart...

- A dedicated Agent Services team with one number for all administrative questions
800 264.4000 option 3, 1
- Knowledgeable Regional Vice Presidents and Regional Sales Managers
 - Field staff that cover three geographical regions
 - Offer product training and support to help grow your business
 - Provide assistance in resolving issues or concerns

Available to answer your questions regarding:

- How to become contracted (or approved to sell new products)
- Product support or training opportunities
- Order sales materials
- New business
- Underwriting
- Commissions
- Policyholder services



Senior Supplemental Insurance
Sales Management Team

Regional Vice President
West



Tony Clark

Regional Vice President
Mid-West

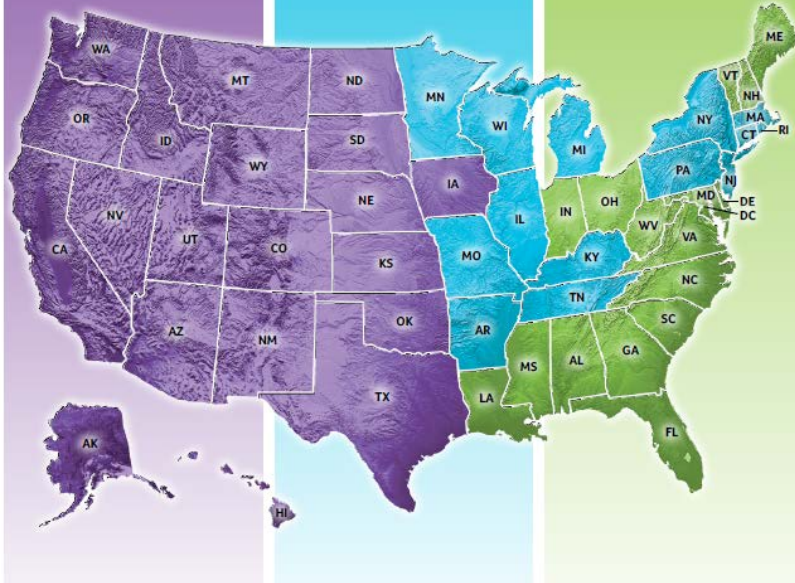


George Pelekanos

Regional Vice President
East



Johnny Matos



West

AK, AZ, CA,
CO, HI, IA, ID,
KS, MT, ND,
NE, NM, NV,
OK, OR, SD, TX,
UT, WA, WY

Regional
Vice President

Tony Clark

Tony.Clark@aetna.com
804 381.1068

Sales
Specialist

William Davis

William.Davis@aetna.com
615 807.7514

Mid-West

AR, CT, IL, KY,
MA, MI, MN,
MO, NJ, NY,
PA, RI, TN, WI

Regional
Vice President

George Pelekanos

George.Pelekanos@aetna.com
615 785.2599

Sales
Specialist

Rose Faulkner

Rose.Faulkner@aetna.com
615 807.7515

East

AL, DC, DE, FL,
GA, IN, LA,
MD, ME, MS,
NC, NH, OH,
SC, VA, VT, WV

Regional
Vice President

Johnny Matos

MatosJA@aetna.com
954 729.4000

Sales
Specialist

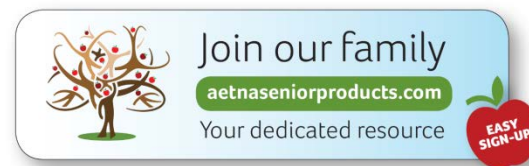
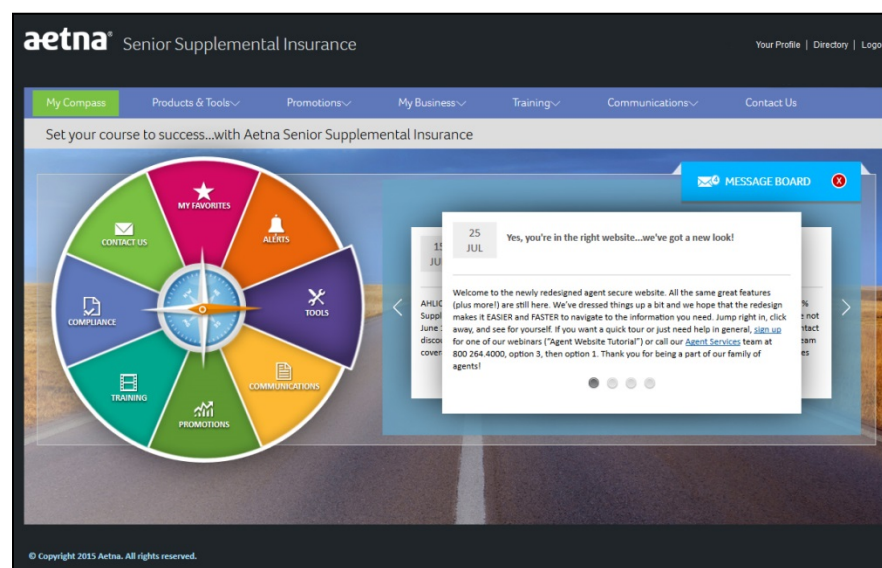
Georgia Fletcher

Georgia.Fletcher@aetna.com
615 807.7517

A website dedicated to supporting your business: aetnaseniorproducts.com

Information you need at your fingertips

- My Business dashboard
 - Pending new business report
 - Recently issued business
 - Potential Policy Lapse (a policy conservation report)
 - Policy termination
 - Policy search
- Agent message board, including office closings
- Alerts - important policyholder alerts
- Product and supplies
 - View, download or order materials
- Promotions (sales contests)
 - Track your progress
- Commission statements
- Policyholder secure portal



Keeping you up to date

Email blasts

- Weekly eBulletin
- Product launches
- Sales incentive announcements
- Regulatory updates
- Operational updates
- Upcoming webinars and seminars

Pacesetter newsletter

- Insights from Aetna Senior Supplemental leaders
- Product updates
- Agent recognition
- Promotions updates
- Industry trends
- Compliance Corner articles





Qualification Period:

January 1, 2016 – December 31, 2017

Destination:

Miami, Florida

Summer 2017

Qualifying Products:

Medicare Supplement 1:1 production

Final Expense 3:1 production

Complementary 3:1 production

(Cancer and Heart Attack or Stroke, Continental Care, Home Care, Home Care Plus, Hospital Indemnity, Nursing Facility Care, Recovery Care)

BONUSES:

Submit \$80,000 or more in **underwritten** Medicare Supplement business and earn an extra **\$30,000 production credit** toward qualification.

Submit 60% of qualifying business via **E-App** and earn an extra **\$20,000 production credit** towards qualification.

Requirements:

Combination of any qualifying products

MGAs

\$5,000,000 production = 1 trip

\$10,000,000 production = 1 extra trip

\$15,000,000 production = 2 extra trips

Recruiting GAs

\$1,000,000 production = 1 trip

\$4,000,000 production = 1 extra trip

Agents

\$200,000 production = 1 trip

For details and to track your progress, go to aetnaseniorproducts.com (agent side/promotions)

Thank you

aetnaSM