

Med-Bridge Plus

Sales and Underwriting Guide

9-10-2008

MWG Marketing Contact Information

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Overview

Controlling health cost is the main benefit priority of most employers. Shifting rising cost to employees lowers employee moral. Reducing or eliminating benefits causes employee retention to suffer.

The Med Bridge Plus represents a “New Generation” of Medical Gap Plans that are designed to help control health cost and solve this dilemma. The **Base Plan** is designed for groups that want a lower cost plan. The **Enhanced Plan** is for groups that want better coverage. The **Base Plan** and the **Enhanced Plan** covered facilities; benefit ranges, eligible expenses and Optional Benefits are described in the Med Bridge Plus brochure. Choosing an optional calendar year deductible will reduce the rates.

Sales Material

Custom Proposals, Brochures, Fliers and other marketing materials are available by email or on our web site.

Custom Proposal or One Page Flier

We will produce a custom Proposal containing a savings illustration or a one-page flier with rates. Send the quote form (last page of this guide.) with required information to MWG Marketing.

The premium amount is based on the Med Bridge Plus Plan selected, the Optional Benefits selected, the benefit amount selected, the deductible selected, and the deductible on the underlying major medical plan.

Product Availability

Contact MWG Marketing or go to www.medbridgeplus.com

Because this is a group plan, groups based in an approved state can offer this plan to all of their employees regardless of the employee’s resident state.

Eligibility

All persons covered by the Employer’s Major Medical Plan are eligible for this coverage.

The Med Bridge Plus is guarantee issue for all groups that meet the participation requirements; there are no health questions.

CHAMPUS/ TRICARE or Medicaid is not a major Medical Plan. The premium will be determined at the age of issue and will not increase with attained age.

Group Size

Minimum group size = 5 applications enrolled

Groups larger than 200 enrolled- Contact MWG Marketing for approval.

Participation Requirements

Groups size 5 to 9 = 100% of eligible employees enrolled = we will guarantee issue and waive pre-existing condition limitation

Groups size 10 to 200 = 50% of eligible employees enrolled = we will guarantee issue and waive pre-existing condition limitation

Underwriting

In determining the percentage of participation the total number of employees participating in all of the employer's major medical plans will be considered. If the group does not meet the participation requirements the group will be returned to the agent.

No Excluded Groups

All employer groups that meet the size requirements are eligible.

Industries that are *Rated Up*

Public Education, Nursing Homes, Hospital Industries

Enrollment – *Simple and Fast*

Save Time More Accurate Enrollments Better Participation

No employee applications or transmittals are required. Insurance enrollments take employees away from their job and consume a lot of the agent's time.

Provide the enrollment information by email or disc on an excel spreadsheet, DBF, or an ASCII file using the following format. Please send this information in separate fields; do not combine city, state, zip code, first name, or last name. Send to MorganWhite by email.

Primary Insured: Social, Last Name, First Name, DOB, Address, City, State, and ZIP

Dependents: Last Name, First Name, DOB, Relationship

If the employer cannot provide the required information electronically, we will accept prior carrier enrollment cards and not require employee applications.

Submission Requirements

1. Group Application
2. Enrollment data
3. Check for the first month's premium
4. Census
5. Proof of existing major medical coverage. Proof is a copy of the group's Benefit Summary or a copy of the Policy/Certificate or the renewal notice from the carrier that shows the deductible on the underlying major medical plan.

New Hires and Terminations

The agent or the client can log into our system and enroll a new employee directly in the billing system or delete terminated employees. We will accept applications if the group or agent prefers to use application.

Late Enrollees

Late enrollees are covered from the effective date of the plan. The premium must be paid from the effective date.

Effective Dates

Effective dates must be the 1st of the month.

The first premium must be paid before any insurance is effective. Insurance provided will terminate with regard to any individual when that individual is no longer an Eligible Person in accordance with the Termination of Coverage Provisions of the Policy.

Cobra

Employees terminating coverage are eligible for Cobra.

Section 125

Premiums may be included in a Section 125 plan.

Exclusions

See the exclusions on the Med Bridge Plus Brochure. There are 4 additional exclusions that apply to the Base Plan.

Claims

Payment of Benefits

All benefits are paid to the provider. The exception is when the insured proves they have paid the provider. We will then pay the benefits to the insured.

Filing Procedure

No claim forms are required. We recommend the provider file the claim. The provider should fax, mail or email the Major Medical EOB along with their itemized bill. If the insured files the claim they should send the Major Medical EOB and the itemized bill (doctor's office form = UB92 or hospitals form = HCFA1500)

Value Added Programs

All persons enrolled with a Med Bridge Plus Plan are provided these programs at no additional cost

Ceridian Cobra Administration

Managed human resource solutions that maximize the value of people. Includes: Initial notification to new employees of COBRA rights and collection of premiums for the employer.

MWG RX Plan

This plan is designed to save you money by giving you access to discounts on most FDA-approved prescription drugs. There are over 53,000 participating pharmacies throughout the United States, including most community Drug stores. This plan is not insurance.

Important Policy Provisions

The benefits of this policy are payable only if the Insured is covered by another medical plan when charges are incurred and that Medical Plan provides benefits for such charges.

The total amount payable for each Covered Person will not exceed the Policy Maximum shown in the Policy Schedule of Benefits. For family coverage, the total benefit amount payable may not exceed three times the amount selected.

Ambulance transportation for accidents must be within 72 hours of the accident.

Coverage is subject to certain conditions, limitations and exclusions, which are detailed in the Group Policy as well as the Certificate. If there is a conflict between what is described in this brochure and Your Group Policy, the Group Policy will prevail. For a complete listing of the plan provisions, as well as any limitations and exclusions, please refer to the Group Policy.

Any provision of the Group Policy which, on its Effective Date, does not agree with the laws of the state in which the Policy is written, will be amended to the minimum requirements of that state.

Med Bridge Plus

Quote Request Form

One Page Flier with Rates = Complete Section I

Custom Proposal with Savings Illustration = Complete Section I & II

Section I		
Group Information		
Employer Name:	Telephone:	
Employer Address:		
Employer City:	State:	Zip Code:
Nature of business	SIC Code:	Effective Date:
Agent Name:	Email:	Telephone:
Underlying Major Medical Plan Deductible	Number Insured by Major Medical Plan	
Med Bridge Plus Plan Design	Base Plan	Enhanced Plan
In- Hospital Benefit Amount	\$500-\$5,000 \$ _____	\$500-\$6,500 \$ _____
Outpatient Benefit Amount	50% of In-Hospital Amount Selected Max \$2,500	80% of In-Hospital Amount Selected Max \$3,000
Commission Rate= 15% level is standard (0 to 15% level is optional)	% _____	% _____
Optional (reduces rates) Deductible Amount per person per Calendar Year \$ _____	Optional (Recommended if you choose a deductible) Prior Plan Deductible Credit Rider Yes No	
Optional Physician's Office Outpatient Benefit	\$20 per treatment up to 6 visits per person per Calendar Year Yes No	\$30 per treatment up to 6 visits per person per Calendar Year Yes No
Optional (reduces rates) Med Bridge Co-Insurance % _____ Co-Insurance Amount (Excludes Deductible) \$ _____		

For agents use only. Not for the general public. Product and services are not available in all states.

GAP- 9-10-2008

Section II

Complete for custom proposal and savings illustration

<i>Current Plan</i>	<i>Alternate Plan</i>
Major Medical Carrier _____	Major Medical Carrier _____
Deductible Amount _____	Deductible Amount _____
Co-Insurance % _____	Co-Insurance % _____
Co-Insurance Out of Pocket Amount \$ _____	Co-Insurance Out of Pocket Amount \$ _____
Doctor Co Pays _____	Doctor Co Pays _____
Drug Co Pays _____	Drug Co Pays _____
Drug Deductible Amount _____	Drug Deductible Amount _____
Renewal Date _____	Renewal Date _____
Notes _____	Notes _____

Coverage	<i>Number of Employees Enrolling Age 16 to 54</i>	<i>Number of Employees Enrolling Age 55+</i>	<i>Current Major Medical Plan Premium</i>	<i>Major Medical Plan Renewal Premium</i>	<i>Alternate Plan Premium</i>
<i>Employee</i>					
<i>Employee and Spouse</i>					
<i>Employee and Children</i>					
<i>Family</i>					
<i>Totals</i>					

Instructions

1. Complete Section I or II and email as attachment to your contact person at MWG Marketing.
2. Shop carefully for the Best Alternate Major Medical Plan. Try to find a plan design that reduces the Major Medical renewal rate by 28% to 40%.
3. The Med Bridge Plus goal is to save the group between 8% and 16% of the annual premium.

Information

1. MWG Marketing 1-800-800-1397
2. Standard Life and Accident Insurance Company Plans – Go to www.mwggaproducts.com for forms, agent contracts, brochures, simplified enrollment guideline etc.
3. AmFirst Insurance Company Plans – contact MWG Marketing
4. Agent commission is 15% level – Agent can choose commission % - 0 to 15%
5. Lowering the commission increases the group's savings
6. Most groups that choose a Med Bridge Plus deductible include the Prior Plan Deductible Credit Rider
7. Proposal turnaround time is typically less than 24 hours.