



Agent Training

Premier Health Solutions, LLC.

- **Industry-leading administrator and general agency**

- Innovative benefits management and administration services
- Enrollment, fulfillment and customer service
- Billing reconciliation and back-office processes
- Customized solutions

- **Work with leading agents, associations and carriers**

- **Best-in-class benefits**

- Quality health plans
- Wellness products, discount programs, and consumer benefit solutions
- Customized solutions



Premier Health Solutions, LLC operates as a Third-Party Administrator in the state of California under the name PHSI Administrators, LLC. and does business under the name PremierHS, LLC in Kentucky, Ohio, Pennsylvania, South Carolina and Utah.

Training Objectives

Review the following aspects of SecureHealth:

- ▶ Insurance Benefits
 - ACA Preventive Benefits
 - Copay Office Visits
 - Prescription Drug Programs
- ▶ Value-Added Benefits
 - ▶ PPO Network
 - ▶ NSBA Discounts
- ▶ Eligibility Requirements & Rates





Plan Benefits

About SecureHealth

When it comes to our health, having flexible options allows us to live our best life. The benefits that come with SecureHealth can help offset the expenses members may incur on a High Deductible Health Plan (HDHP) or prior to meeting their Individual Sharing Amount (ISA) on a healthcare sharing program. With coverage for Affordable Care Act (ACA) preventive services, Primary Care Physician office visits*, Specialist Care office visits* and prescription drug program*, SecureHealth provides supplemental benefits to help members manage the out-of-pocket costs that can quickly add up. *(*Coverage varies by plan level)*

Plan Highlights

- ✓ Available in 44 states and DC
- ✓ Guaranteed Issue
- ✓ Coverage for ACA mandated Preventive Services
- ✓ Low copays for Primary Care Physician visits and Specialist visits (depending on plan level)
- ✓ Prescription Drug programs to save members money on their medications
- ✓ PPO Network to help members with lower out-of-pocket costs

SecureHealth is designed as an affordable supplement to a high deductible or healthcare sharing program. This may be the perfect option to help members save money and maximize their benefits.

SecureHealth Plan Options & Benefits

	Value	Value+	Preferred	Elite
In-Network Preventive Benefits*				
Coverage for Preventive Benefits under PPACA	Included	Included	Included	Included
In-Network Services - PCP*				
Primary Care Physician Visits	N/A	\$35 Copay	\$35 Copay	\$35 Copay
Maximum Visits per Member per Plan Year	N/A	4	4	4
Maximum Fee Plan allows per Visit	N/A	\$150	\$150	\$150
In-Network Services - Specialist*				
Specialist Physician Visits	N/A	N/A	N/A	\$50 Copay
Maximum Visits per Member per Plan Year	N/A	N/A	N/A	2
Maximum Fee Plan allows per Visit	N/A	N/A	N/A	\$300
Prescription Benefits				
37 common Acute Medications	Discount Card Up to \$95 Discount on FDA Approved Medications	Discount Card Up to \$95 Discount on FDA Approved Medications	\$0 Copay	\$0 Copay
95 ACA MEC Medications			\$0 Copay	\$0 Copay
200 common Generic Medications			\$5 Copay	\$5 Copay
All other available Generic Medications			\$10 Copay	\$10 Copay
FDA approved Brand Medications			\$40 Copay	\$40 Copay
Monthly Maximum per Covered Person			\$150	\$150

*Out-of-Network services will not be covered and the Plan Member will owe 100% of the cost of these services.

SecureHealth Summary

When your clients choose SecureHealth Value they receive:

- Preventive Care Visits (including Routine Diagnostic Imaging, X-rays and Blood Work)
- PPO Network Access (www.multiplan.com - PHCS Specific Services Network)
- Pharmacy Benefit - GlicRx.com

When your clients choose SecureHealth Value+ they receive:

- Preventive Care Visits (including Routine Diagnostic Imaging, X-rays and Blood Work)
- Primary Care Visits (www.multiplan.com - PHCS Specific Services Network)
- Pharmacy Benefit - GlicRx.com

When your clients choose SecureHealth Preferred they receive:

- Preventive Care Visits (including Routine Diagnostic Imaging, X-rays and Blood Work)
- Primary Care Visits (www.multiplan.com - PHCS Specific Services Network)
- Pharmacy Benefit - www.BestChoiceRx.com

When your clients choose SecureHealth Elite they receive:

- Preventive Care Visits (including Routine Diagnostic Imaging, X-rays and Blood Work)
- Primary Care Visits plus Specialist Visits (www.multiplan.com - PHCS Specific Services Network)
- Pharmacy Benefit - www.BestChoiceRx.com

Additional Information

- Guaranteed Issue product
- If member exceeds their office visits, member will receive the PHCS Network discount.
- If member does not use an in-network provider, the member will be responsible for the full cost of the service(s) provided.

Prescription Benefit – Value & Value+ Level



GlicRx offers a solution to the rising cost of prescription drugs. GlicRx helps users nationwide save every month on eligible prescriptions at their local pharmacies. Members can save up to \$95 on their prescription drugs at 35,000 pharmacies nationwide, including CVS, Walgreens, Walmart, Kroger, Publix and more.

Value Plan / Value+ Plan – Discount Prescription Benefit

- \$35 is the average savings per prescription off of the pharmacy's retail price
- 40-60% is the average percentage saved on prescriptions off of the pharmacy's retail price
- 500+ Top drugs targeted using our customized pricing formulary
- Save money on prescriptions for pets using the same card

How it works

1. Members simply visit GlicRx.com or download the GlicRx App by going to the Google Play Store or Apple App Store.
2. Enter the access code **TARX107** listed on their card.
3. Search for medications at pharmacies near them using their zip code.
4. Show pharmacist their card or mobile app at time of purchase to save!



The GlicRx Prescription Savings Program is not insurance. To learn more about the GlicRx Prescription Savings Program, including eligible pharmacies, included prescriptions and related pricing, and other important terms and conditions and contact information, please visit GlicRx.com or download the mobile app. Prescriptions savings vary by prescription and by pharmacy and may reach up to \$95 off retail price. **The GlicRx Prescription Savings Program is 100% free and no purchase is necessary to use the program. For information about how to obtain your free card, please contact (214) 436-8885.** The above logos are trademarks and/or registered trademarks of each of the listed companies, respectively.

Prescription Benefit – Preferred & Elite Levels



BestChoice Rx Plus offers multiple ways to save on medications at over 67,000 participating pharmacies!

Preferred Plan / Elite Plan - Prescription Copay Plan	How the Plan Works
<ul style="list-style-type: none"> • 37 common Acute Medications – \$0 Copay • 95 ACA MEC Medications – \$0 Copay • 200 common Generic Medications – \$5 Copay • All other available Generic Medications – \$10 Copay • FDA approved Brand Medications - \$40 Copay (Prior Authorization Required) • Monthly Maximum per Covered Person - \$150 	<ol style="list-style-type: none"> 1. SEARCH FOR MEDICATIONS – Login at www.bestchoicerox.com to search for participating pharmacies and view the available drugs. 2. PRESENT MEMBERSHIP CARD – Present the electronic ID Card at any participating retail pharmacy with a valid prescription. 3. MAIL-ORDER SERVICE – After the first retail purchase, members have the option of receiving all Chronic or Recurring medications at deeply discounted rates through mail-order. The Rx customer service team will contact the member to assist in transferring their prescription to one of the Home Delivery services. 4. PRESCRIPTION ASSISTANCE PROGRAM (PAP) – All eligible medications are required to participate in a PAP. The member will be responsible for a flat \$50 PAP fee per month. 95% of all branded medications offer a PAP program. 5. CUSTOMER SERVICE – Members can call (855) 798-2538 for assistance Mon-Thu 8 am-8 pm EST, Fri 8 am-7 pm EST, On Call after hours and weekends.
<ul style="list-style-type: none"> ❖ 90-Day Supply Mail Order is available to maximize monthly benefits. ❖ For medications not included on the formularies, Members out-of-pocket cost is based on a deeply discounted price. ❖ All medications must be prescribed by a physician. Only certain doses and quantities for each medication are offered through this program. 	

This a Pharmacy Subscription Program. THIS IS NOT INSURANCE. We provide you direct access to medications at negotiated PBM pricing and Home Delivery Pharmacy pricing on a pre-paid basis. BestChoice Rx offers solutions for high-priced specialty medications via an International Pharmacy or PAP service (income limitations apply). In addition, a discount pharmacy solution is available, where you search discount options and are directed to a specific pharmacy for super-low pricing. Sometimes, this can be your lowest price option. Only certain doses and quantities for each medication are offered through this program.

BESTCHOICE RX IS NOT INSURANCE. Pharmacy Subscription Program Only – Discounts are available exclusively through participating pharmacies. The range of the discounts will vary depending on the type of prescription and the pharmacy chosen. This part of the program does not make payments directly to pharmacies. Members are required to pay for all prescription purchases. Cannot be used in conjunction with insurance. You may contact Customer Care anytime with questions or concerns, to cancel your registration, or to obtain further information. This program is administered by Medical Security Card Company, LLC, Tucson, AZ.

BestChoice Rx is not available in the following states: MD, ME, WA. Pricing is subject to change without notice. Most Pharmacies will accept BestChoice Rx, but it is not guaranteed. The final price is determined by your local pharmacy.

PHCS Network

SecureHealth includes the PHCS Network through MultiPlan, Inc., which offers Members:

Choice – Broad access to 5,000 hospitals, 107,000 ancillary facilities and approximately 917,000 practitioners.

Savings – Negotiated discounts that result in significant cost savings when they visit in-network providers, helping to maximize their health services. A PHCS logo on the SGH ID card tells both the Member and the Provider that a PHCS discount applies.

Quality – MultiPlan applies rigorous criteria when credentialing providers for participation in the PHCS Network, so Members can be assured they are choosing their healthcare provider from a high-quality network.



Find a PHCS Network Provider

Find participating doctors or facilities by going to www.multiplan.com and follow the instructions below or by calling (888) 263-7543.

Home Page –

1. Click on “Find a Provider”

Find a doctor or facility page –

2. Click on the “Select Network” button and choose “PHCS”
3. Click on “Specific Services”
4. Type in the search criteria and location

A screenshot of the MultiPlan website's search interface. At the top left is the MultiPlan logo. On the top right, there is a 'Change Language' dropdown menu set to 'English'. The main heading is 'Find a doctor or facility'. Below this is a green 'PHCS' logo and a green 'Change Network' button. There is a checkbox labeled 'Remember my network'. To the right, under 'PHCS Specific Services', there is a search bar with the placeholder text 'Search by name, specialty, facility type, NPI # or license #', a 'Near' dropdown menu, and a 'City/County & State or Zip' input field with a search icon. Below the search bar, there is a link to 'download the PDF' for information on how to find current locations. At the bottom, there is a note: 'For language assistance, please call 866-981-7427 and hold for a representative. For TTY/TDD service, please call 866-918-7427.'

Please note: MultiPlan, Inc. and its subsidiaries are not insurance companies, do not pay claims and do not guarantee health benefit coverage.

Covered Preventive Services - In-Network Only

Adults

1. Abdominal aortic aneurysm one-time screening for men of specified ages who have ever smoked
2. Alcohol misuse screening and counseling
3. Aspirin use to prevent cardiovascular disease and colorectal cancer for adults 50 to 59 years with a high cardiovascular risk
4. Blood Pressure screening
5. Cholesterol screening for adults of certain ages or at higher risk
6. Colorectal Cancer screening for adults 50 to 75*
7. Depression screening
8. Diabetes (Type 2) screening for adults 40 to 70 years who are overweight or obese
9. Diet counseling for adults at higher risk for chronic disease
10. Falls prevention (with exercise or physical therapy and vitamin D use) for adults 65 years and over, living in a community setting
11. Hepatitis B screening for people at high risk, including people from countries with 2% or more Hepatitis B prevalence, and U.S.-born people not vaccinated as infants and with at least one parent born in a region with 8% or more Hepatitis B prevalence.
12. Hepatitis C screening for adults at increased risk, and one time for everyone born 1945-1965
13. HIV screening for everyone ages 15 to 65, and other ages at increased risk
14. Lung cancer screening for adults 55-80 at high risk for lung cancer because they're heavy smokers or have quit in the past 15 years)
15. Immunizations vaccines for adults - doses, recommended ages, and recommended populations vary:
 - Diphtheria
 - Hepatitis A & B
 - Herpes Zoster
 - Human Papillomavirus (HPV)
 - Influenza (flu shot)
 - Measles
 - Meningococcal
 - Mumps
 - Pertussis
 - Pneumococcal
 - Rubella
 - Tetanus
 - Varicella (Chickenpox)
16. Obesity screening and counseling
17. Sexually transmitted infection (STI) prevention counseling for adults at higher risk
18. Statin preventive medication for adults 40 to 75 at high risk
19. Syphilis screening for adults at higher risk
20. Tobacco use screening for all adults and cessation interventions for tobacco users
21. Tuberculosis screening for certain adults without symptoms at high risk.

**Plan pays a maximum benefit amount of \$2,250 for Colorectal cancer screening. Member is responsible for any amount above \$2,250.*

Covered Preventive Services - In-Network Only

Children

1. Alcohol, tobacco, and drug use assessments for adolescents
2. Autism screening for children at 18 and 24 months
3. Behavioral assessments for children ages: 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years
4. Bilirubin concentration screening for newborns
5. Blood pressure screening for children ages: 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years
6. Blood screening for newborns
7. Cervical dysplasia screening for sexually active females
8. Depression screening for adolescents beginning routinely at age 12
9. Developmental screening for children under age 3
10. Dyslipidemia screening for all children once between 9 and 11 years and once between 17 and 21 years, and for children at higher risk of lipid disorders ages: 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years
11. Fluoride chemoprevention supplements for children without fluoride in their water source
12. Fluoride varnish for all infants and children as soon as teeth are present
13. Gonorrhea preventive medication for the eyes of all newborns
14. Hearing screening for all newborns; and for children once between 11 and 14 years, once between 15 and 17 years, and once between 18 and 21 years
15. Height, weight and body mass index (BMI) measurements for children ages: 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years
16. Hematocrit or hemoglobin screening for all children
17. Hemoglobinopathies or sickle cell screening for newborns
18. Hepatitis B screening for adolescents at high risk, including adolescents from countries with 2% or more Hepatitis B prevalence, and U.S.-born adolescents not vaccinated as infants and with at least one parent born in a region with 8% or more Hepatitis B prevalence: 11-17 years
19. HIV screening for adolescents at higher risk
20. Hypothyroidism screening
21. Immunizations vaccines for children from birth to age 18 - doses, recommended ages, and recommended populations vary:
 - Diphtheria, Tetanus, Pertussis (Whooping Cough)
 - Haemophilus influenza type b
 - Hepatitis A & B
 - Human Papillomavirus (HPV)
 - Inactivated Poliovirus
 - Influenza (flu shot)
 - Measles
 - Meningococcal
 - Pneumococcal
 - Rotavirus
 - Varicella (Chickenpox)
22. Iron supplements for children age 6 to 12 months at risk for anemia
23. Lead screening for children at risk of exposure
24. Maternal depression screening for mothers of infants at 1, 2, 4, and 6-month visits
25. Medical history for all children throughout development ages: 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years
26. Obesity screening and counseling
27. Oral health risk assessment for young children ages: 0 to 11 months, 1 to 4 years, 5 to 10 years
28. Phenylketonuria (PKU) screening for newborns
29. Sexually transmitted infection (STI) prevention counseling and screening for adolescents at higher risk
30. Tuberculin testing for children at higher risk of tuberculosis ages: 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years
31. Vision screening for all children.

Covered Preventive Services - In-Network Only

Pregnant Women or Women Who May Become Pregnant

- | | |
|---|--|
| <ol style="list-style-type: none">1. Anemia screening on a routine basis2. Breastfeeding comprehensive support and counseling from trained providers, and access to breastfeeding supplies, for pregnant and nursing women3. Contraception: Food and Drug Administration-approved contraceptive methods, sterilization procedures, and patient education and counseling, as prescribed by a health care provider for women with reproductive capacity (not including abortifacient drugs). This does not apply to health plans sponsored by certain exempt "religious employers."4. Folic acid supplements for women who may become pregnant5. Gestational diabetes screening for women 24 to 28 weeks pregnant and those at high risk of developing gestational diabetes | <ol style="list-style-type: none">6. Gonorrhea screening for all women at higher risk7. Hepatitis B screening for pregnant women at their first prenatal visit8. Preeclampsia prevention and screening for pregnant women with high blood pressure9. Rh incompatibility screening for all pregnant women and follow-up testing for women at higher risk10. Syphilis screening11. Expanded tobacco intervention and counseling for pregnant tobacco users12. Urinary tract or other infection screening13. Routine prenatal visits for pregnant women. |
|---|--|

Other Covered Preventive Services for Women

- | | |
|--|--|
| <ol style="list-style-type: none">1. Breast cancer genetic test counseling (BRCA) for women at higher risk2. Breast cancer mammography screenings every 1 to 2 years for women over 403. Breast cancer chemoprevention counseling for women at higher risk4. Cervical cancer screening<ul style="list-style-type: none">• Pap test (also called a Pap smear) every 3 years for women 21 to 65• Human Papillomavirus (HPV) DNA test with the combination of a Pap smear every 5 years for women 30 to 65 who don't want a Pap smear every 3 years4. Chlamydia infection screening for younger women and other women at higher risk5. Diabetes screening for women with a history of gestational diabetes who aren't currently pregnant and who haven't been diagnosed with type 2 diabetes before | <ol style="list-style-type: none">7. Domestic and interpersonal violence screening and counseling for all women8. Gonorrhea screenings for all women at higher risk9. HIV screening and counseling for sexually active women10. Osteoporosis screening for women over age 60 depending on risk factors11. Rh incompatibility screening follow-up testing for women at higher risk12. Sexually transmitted infections counseling for sexually active women13. Syphilis screening for women at increased risk14. Tobacco use screening and interventions15. Urinary incontinence screening for women yearly16. Well-woman visits to get recommended services for women under 65 |
|--|--|

Medical Exclusions

Exclusions are charges for the treatment of a Diagnosed Illness or Injury that are not eligible under this Plan. No claims will be considered for the following:

- 1. Accident** - Charges for the care and treatment of accident-related illness or injury not included under preventive benefits.
- 2. Ambulatory Surgical Center Services**
- 3. Complications of Non-Eligible Treatments** - Care, services or treatment required as a result of complications from a treatment not eligible under the Plan.
- 4. Cosmetic Services** - Charges for cosmetic services, supplies or drugs. A treatment will be considered cosmetic for either of the following reasons:
 - Its primary purpose is to beautify; or
 - There is no documentation of a clinically significant impairment, meaning decrease in function or change in physiology due to illness, accidental injury, or congenital abnormality.
- 5. Court-Ordered** - Charges for any court-ordered rehabilitative treatment, service, or supply.
- 6. Dental Services** - Charges for dental work or treatment.
- 7. Durable Medical Equipment**
- 8. Educational** - Charges for educational or vocational services, including but not limited to schooling, books, and supplies.
- 9. Employment Related** - Charges for treatment for an illness or injury arising out of or in the course of, employment (or self-employment for wage or profit or gain for which the enrolled Participant is reimbursed or entitled to reimbursement under any federal or state law, including worker's compensation or similar law.
- 10. Exercise** - Charges for exercise or wellness programs, including physician supervised cardiac rehabilitation, occupational therapy, or physical therapy.
- 11. Experimental and Investigational Procedures and Treatment** - Charges for Experimental and Investigational procedures or treatments and the complications resulting from those procedures or treatments are not an eligible benefit under this Plan.
- 12. Formulary and/or Brand Name Drugs**
- 13. Government Coverage** - Charges for services or supplies provided by the Veterans Administration or in any Hospital or institution owned, operated, or maintained by the United States Government for a service-related illness or injury.
- 14. Government Health Plan** - Charges for services and supplies, which are provided by any government health plan except for state-sponsored medical assistance programs. In the case of a state-sponsored plan, any benefits will be paid to the state. Any amount paid will be considered benefits paid under the Plan and will constitute a full discharge of liability to the extent of payment.
- 15. Habilitative Services** - Habilitation Services including physical therapy, occupational therapy and speech pathology are not eligible under this Plan.
- 16. Home Health Services**
- 17. Hospice Services**
- 18. Hospital Admissions**
- 19. Hospital Inpatient, Outpatient, or Emergency Services Illness** - Charges for the care and treatment of a diagnosed illness.
- 20. Injury** - Charges for the care and treatment of an accidental injury.
- 21. Mental/Behavioral Health** - Mental/Behavioral Health and Substance Abuse Disorder Services are not eligible under the Plan with the exception of services listed in the Schedule of Benefits as Preventive Care.
- 22. Non-Eligible Medical Expenses** - Charges for Medical Expenses not eligible under the Plan.

Medical Exclusions (cont)

23. Non-Medical Related Examinations/Services - Charges for care, treatment, services, or supplies when performed for any of the following reasons:

- Charges for failure to keep scheduled appointments;
- Charges for completion of any form;
- Charges for medical information;
- Recreational therapy;
- Any services or supplies that are nonmedical;
- For purposes of obtaining, maintaining, or otherwise relating to career, sports, camp, school, travel, employment, insurance, marriage, or adoption;
- Relating to judicial or administrative proceedings or orders;
- Conducted for the purpose of medical research; or
- To obtain a license of any type.

24. No Obligation to Pay - Charges incurred for which the Plan has no legal obligation to pay.

25. Non-PPO Providers - Services from Providers who are not in the Plan's Preferred Provider network are not eligible.

26. Not Responsible - Charges that an enrolled Participant would not be responsible for in the absence of this Plan.

27. Not Specified as Eligible - Charges for services, treatments, or supplies that are not specified as eligible/included under this Plan.

28. Organ and Tissue Transplant

29. Outside the US - Charges for medical expenses if the enrolled Participant leaves the United States, the U.S. Territories, or Canada for the express purpose of receiving Preventive Care.

30. Physical Therapy

31. Plan Maximums - Charges that exceed any Plan Maximum or Limitation as outlined in the Schedule of Benefits.

32. Pregnancy - Charges for childbirth/delivery are not eligible.

33. Prescription Drugs - Charges for drugs requiring written prescription are not eligible under the medical portion of this Plan. Prescription drugs are provided under the prescription drug programs included with this Plan.

34. Rehabilitative Services - Rehabilitative Services, such as physical therapy, occupational therapy, speech pathology and cardiac rehabilitation are not eligible under this Plan.

35. Relationships - Charges for professional services performed by a person who ordinarily resides in the Participant's home or is related to the Participant as a Spouse, parent, child, brother, sister, brother-in-law, or sister-in-law, whether the relationship is by blood or exists in law.

36. Services Before or After the Plan - Care, treatment or supplies for which a charge was incurred before a person was enrolled under this Plan or after a person terminated this Plan.

37. Skilled Nursing/Extended Care

38. Sonograms

39. Specialty Drugs

40. Speech Therapy

41. Surgical Benefits - Charges from a Physician or a Hospital for surgical services are not eligible under this Plan.

42. Third-Party Liability - Any charges for which a third-party is liable, unless the enrolled person who experiences such loss has agreed, in writing, to fulfill his obligations stated within the Plan Document.

43. Transplants

44. Travel and/or Lodging - Charges for the cost of travel or lodging related to receiving medical treatment, except as specified under the Schedule of Benefits section.

45. Usual, Customary, and Reasonable Allowance - Charges in excess of the Usual, Customary, and Reasonable allowance for each service, or in excess of the maximum allowable amount.



Association Benefits

National Small Business Association



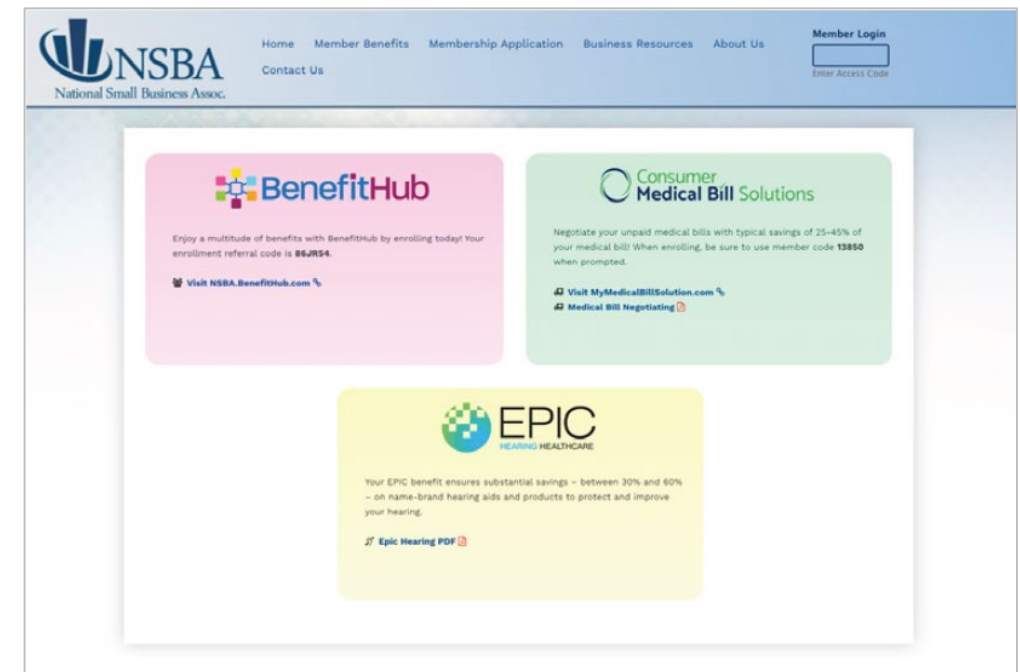
Since 1990, the National Small Business Association (NSBA) has provided individuals, business owners, their employees, and retirees access to innovative services, resources, and benefits. NSBA is committed to small business advocacy and public awareness.

Their mission is to provide quality products and services to individual members and businesses.

As small business owners and their employees continue facing challenges, NSBA adapts by providing solutions. Their strategic plan features an aggressive approach to offering benefits as part of a larger organization. By offering various insurance programs and discounted benefits, NSBA gives small employers the resources they need for success in their businesses.

By working together, small businesses have an opportunity to collectively offer benefits similar to larger fortune 100 and 500 companies. This enables employers to provide quality benefits and resources to compete in a larger market, provide additional benefits to members beyond what is offered through their employers, and provides a resource to travel benefits, insurance products, gym memberships, vision and hearing discounts, etc.

<https://nsba.net/member-benefits/>



Association Benefits



The fastest, easiest way to lower medical bills. The medical bill negotiation company provides members direct support in negotiating discounts on unpaid medical bills, with typical savings of 25-45% of their medical bill.

Consumer Medical Bill Solutions leverages several data factors, including their proprietary usual and customary data, to determine a fair price for services that were rendered and negotiate on the member's behalf. They can assist members in negotiating an equitable settlement after services have been rendered.



Members and immediate family members receive a free hearing test plus 15% savings on hearing aids from participating Beltone hearing providers nationwide.

EPIC Hearing Healthcare was created by hearing care professionals who are dedicated to improving patient care and providing high quality hearing services. They administer hearing benefits for employers, national organizations and corporations.



BenefitHub offers a members-only suite of discounts and rewards, health and well-being benefits, plus more! Members of NSBA are provided access to the benefits portal where they can start saving and earning rewards.

Within the NSBA benefits portal, members can find ways to stay healthy and enjoy thousands of specially negotiated ways to shop, travel, entertain and improve their quality of life. Enjoy a Multitude of Perks!



Eligibility & Rates

Eligibility Requirements & Monthly Rates

SecureHealth Eligibility Requirements:

- Between the ages of eighteen (18) and sixty-four (64) at time of enrollment
- Reside in an approved state
- Dependent child(ren) under twenty-six (26) years of age

Active Dates are available as follows:

- Enroll 1st to 25th – Active Date set to 1st of following month
- Enroll 26th to EOM – Active Date set to 1st of month after next



Monthly Rates per Plan Level

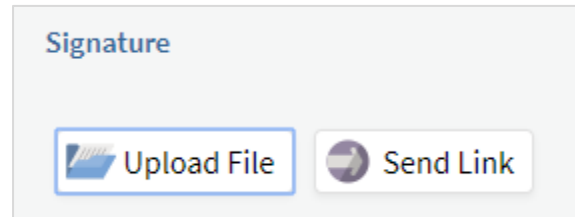
SecureHealth	Value	Value+	Preferred	Elite
Member	\$99	\$125	\$157	\$187
Member + Spouse	\$108	\$159	\$208	\$251
Member + Child(ren)	\$107	\$154	\$196	\$240
Member + Family	\$118	\$186	\$239	\$278

Overview

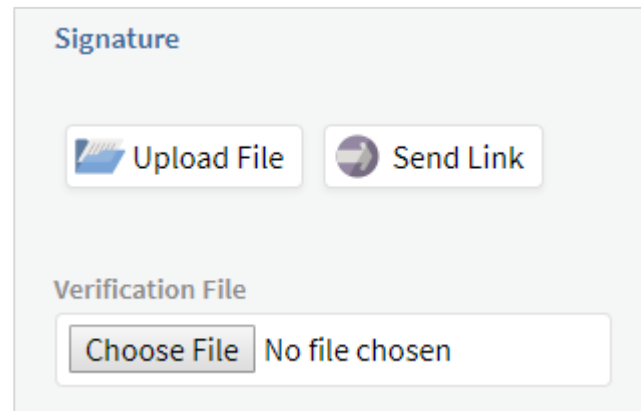
- **Prior to finalizing the sale, members must e-sign and return the Authorization form OR Agents must upload the recorded Verification call (see next 6 slides)**
- After enrolling, members receive:
 - Welcome email including Member ID and access to Member Portal
 - Access to member materials at **sghmembers.com** or by calling **(214) 436-8885**
 - Welcome letter including plastic ID card(s), within 7-10 days via mail
- Members have 30 days to review all member materials.
 - The 30-day period begins on the member's effective date.
 - If a member chooses to cancel their membership within the 30-day period, they will receive a full refund of their first monthly payment only.

Verification Process: V-call

While you still have the member on the phone, go to the **Signature** section at the bottom of the enrollment form. You will see two buttons: **Upload File** or **Send Link**. To use the first button, you will record the Verification call, save it and then click on “Upload File”.

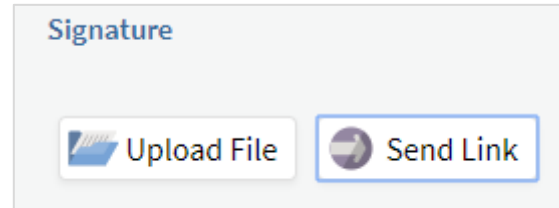


When you click on the “Upload File” button, a field will open asking you to choose your file. Click on “Choose File” and select the recorded call. When you see your attached file in the **Verification File** field, click **Submit Order** to finish the member enrollment. You will not be able to complete the enrollment without the v-call file attached.



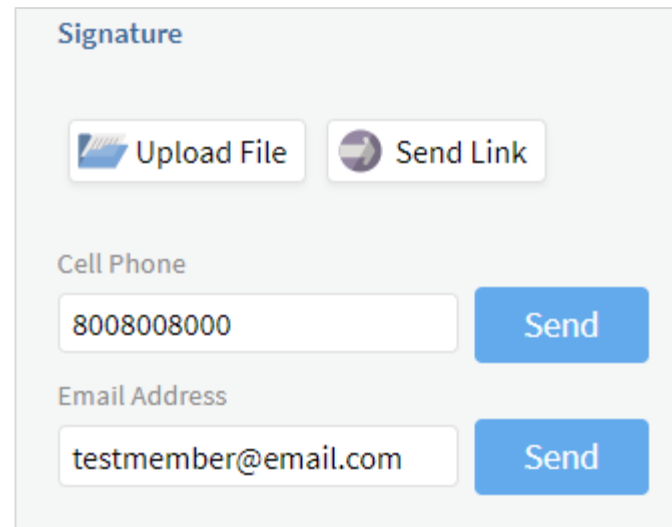
Verification Process: E-sign

If you prefer to have the member e-sign the authorization form, use the “Send Link” button.



The screenshot shows a light gray box with the title "Signature" in blue. Below the title are two buttons: "Upload File" with a blue document icon and "Send Link" with a blue circular arrow icon.

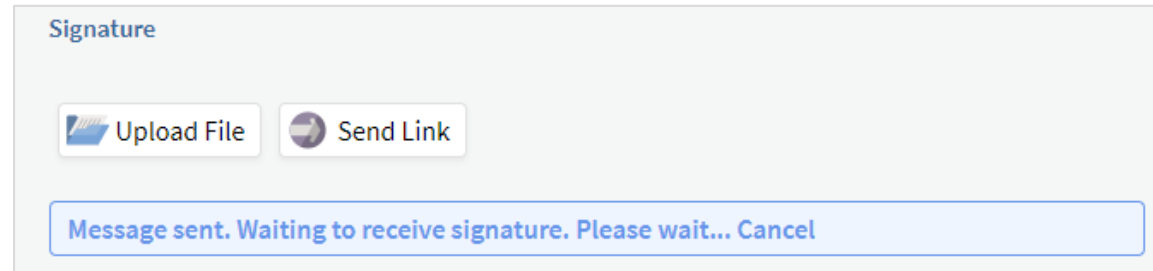
When you click on the “Send Link” button, two fields will open, pre-filled with the member’s Cell Phone number and Email address. Please verify with the member that the phone number shown in the cell phone section is not a landline number. Then ask the member if they prefer to receive the authorization form link via text message or email.



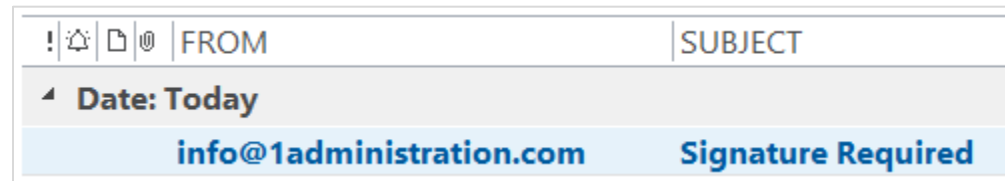
The screenshot shows the "Signature" section with the "Send Link" button highlighted. Below it are two input fields, each with a "Send" button. The first field is labeled "Cell Phone" and contains the number "8008008000". The second field is labeled "Email Address" and contains the email "testmember@email.com".

Verification Process: E-sign

After you click **send** on the method they selected, you will receive a message that indicates "Message sent. Waiting to receive signature. Please wait..."



If you selected **Email**, when the member checks their email inbox, they will see an email from **info@1administration.com** with the subject line "**Signature Required**"

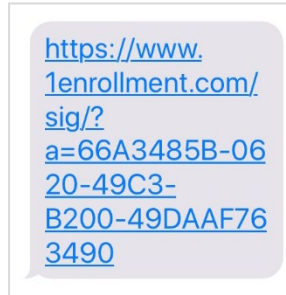


The body of the email will read:



Verification Process: E-sign

If you selected **Text**, when the member checks their text message, the text will come from **phone number (949) 288-2906** and the text message will only contain the link, no verbiage:

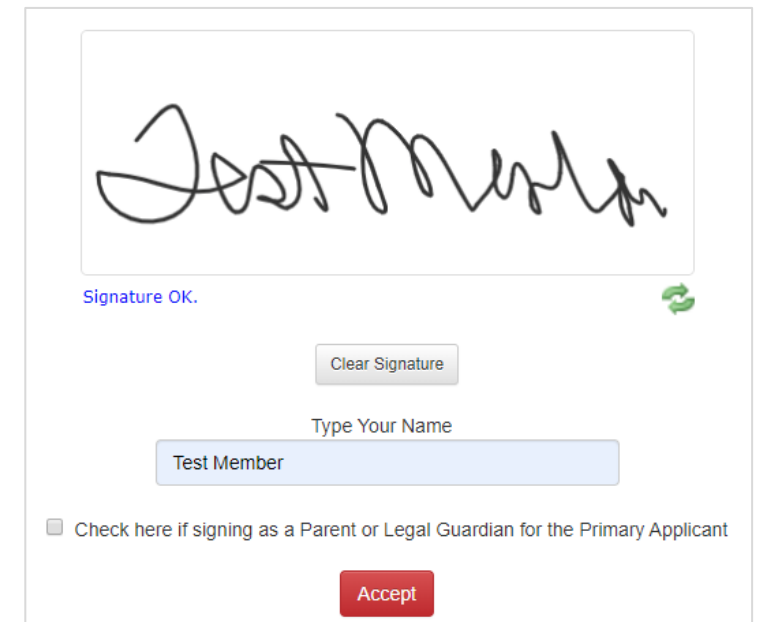


<https://www.1enrollment.com/sig/?a=66A3485B-0620-49C3-B200-49DAAF763490>

Once the member receives the link, they simply click on it to open the authorization form, sign it and send it back.

1. The member needs to use their mouse to sign their signature in the signature box.
2. They also need to type their name in the “Type Your Name” field exactly as you entered it in the system.

For example: “Joseph Smith” won't be accepted as “Joe Smith” or “joseph smith”.



The screenshot shows a digital signature verification interface. At the top, there is a large rectangular box containing a handwritten signature in black ink. Below the signature box, the text "Signature OK." is displayed in blue, accompanied by a small green circular refresh icon. Underneath, there is a grey button labeled "Clear Signature". Below that is a text input field labeled "Type Your Name" with the text "Test Member" entered. At the bottom of the form, there is a checkbox labeled "Check here if signing as a Parent or Legal Guardian for the Primary Applicant" which is currently unchecked. Finally, at the very bottom, there is a prominent red button labeled "Accept".

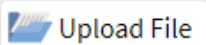

Verification Process: E-sign

When they click "Save Information," a confirmation box will appear to the member - "Completed. You have successfully signed your document."

Completed. You have successfully signed your document.


You will not be able to submit their enrollment until the signature form comes back. You will see a confirmation green box in the Signature area once it is signed. This happens in real time and if the member is ready and waiting, it should only take 1-2 minutes to get the signed document back.

Signature

 Upload File  Send Link

Completed. Signature document has been received.

Now you can click "Submit " to complete the enrollment and the authorization form will automatically be uploaded to the member record in the "Documents" section.

Type	Date	Category	Label	Information
 PDF	October 4, 2019	Signature	Signature	Received: October 4, 2019 Processor: Internal Code 1: Test Member Code 2: 99.56.151.129 Products: 25707 Note: Mozilla/5.0 (Windows NT 10.0; Win64; x64) AppleWebKit/537.36 (KHTML, like Gecko) Chrome/77.0.3865.90 Safari/537.36

Verification Process: E-sign

IMPORTANT:

If the member cannot sign the form while you are on the phone, but plans to call you back shortly, you can leave your enrollment window open to complete the sale yourself.

If the member cannot sign the form while you are on the phone, you can simply close out the enrollment window, and the member data will be saved. After the member sends the signature confirmation back, our system will automatically process the transaction to complete the sale.

You will be copied on the member's Welcome Email when it is sent, which is your notification that the sale has been processed.

Please contact Agent Support at (214) 436-8880 if you have any questions about this process.



Thank you for your participation in today's Agent Training

Please login to your E123 Back Office for copies of all the Sales Materials.