



for agent training use only – not for
consumers

Product Training **Flex Advantage, FlexGap and FlexProtect** Supplemental Insurance solutions

featuring
Flex Accident and Flex Critical Illness products



This training does not cover all products previously available. Refer the brochure accompanying your quote.

FlexAdvantage

- Supplements Medicare Advantage
- Benefits to cover daily copays

FlexGap

- Pair with ACA plans
- Robust enough to gap bronze plans
- Low-cost options for CSR plans

FlexProtect

- Great fit with STM and other alternative plans
- Can be sold stand alone

The logo for flex benefits is located on the right side of the image. It consists of a dark blue circle containing a white stylized 'f' and 'b' that form a continuous shape. To the left of this shape, the word 'flex' is written in green, and to the right, the word 'benefits' is written in dark blue. The background of the slide features a large green arrow pointing right, and a dark blue and green geometric design on the right side.

flex benefits

Overall Plan Features

- Eligibility
 - ✓ Available to applicants age 18 up to age 79.
 - ✓ Coverage expires at age 85
 - ✓ Children are allowed up to age 26
 - ✓ Guaranteed Issue
- No Tobacco Loads
- No annual or age band rate increases

GUARANTEED ISSUE!

Flex Benefit Plan Overview

Flex Accident Insurance

- Accident Medical Expense - pays all out of pocket expenses up to face value
- Accident Disability Income Expenses - short-term income replacement
- Wellness, Physician Office Visit (POV), Emergency Room (ER), Hospitalization, Surgical are available sickness riders (not available in all states)
- Form CL-ACC-2000-GP

Flex Critical Illness Insurance

- Pays on more than one illness
- Pays on recurrence of same illness (per schedule)
- Form CL-CI-2000-GP

Underwritten by Companion Life Insurance Company (CL) - rated A+ by AM Best in January 2024 for its financial strength and claims paying ability. Administered by the Loomis Company.



Accident Medical Expense Benefits

- This policy helps pay for out-of-pocket expenses not covered by major medical plans.
- Benefit amounts from \$2,500 to \$30,000 per person per calendar year - amounts may vary by package
- No Deductible
- Unlimited number of accidents each year
- Claims are paid for a “covered accident”.
- A single accident has a 180-day benefit period
- Benefit treatment periods may cross-over calendar years depending on service dates and be eligible for payment under a new benefit period.



Accident Medical Expense Covered Services

- Hospital Room and Board
- Medical services and supplies
- Physician Services
 - Charges for surgery
 - Anesthesia services
 - Physician inpatient, and office visits
- Outpatient Surgical Charges
- Emergency Room Care and Treatment
- X-ray and laboratory services
- Ambulance Services
- Prescription Drugs
- Dental Services for injury to natural teeth
- Skilled Nursing Facilities
- Home Health Care
- Medical Equipment rental or purchase
- Physical Therapy
- Eyeglasses, Contact Lenses and Hearing Aids
- Rehabilitation Treatment
- Artificial Instruments for limbs, eyes, larynx or dental devices
- Ancillary Hospital Charges
- Intensive Care Services

Accidental Death and Dismemberment Benefits

- We embed this benefit in every Accident plan
- Pays on a death or dismemberment resulting from a covered accident
- Pays \$25,000 death benefit for covered primary insured and spouse.
- Death benefit for child dependent is \$12,500
- Pays dismemberment benefits based on a schedule for loss of limbs, sight, hearing - see brochure or outline of coverage for exclusions and limitations.



Accidental Disability Income

- Primary insured coverage only
- Pays the selected benefit amount each week up to 13 weeks (91 days)
- Subject to a 14-day elimination period
- The Covered Person must be gainfully employed at the time of the Covered Accident to be eligible for benefits
 - Gainfully employed means employed or self-employed for gain or reward in any business, trade, profession, vocation, calling, occupation, or employment
- Benefit applies when covered person is unable to engage in any employment or occupation for which he or she is or becomes qualified by reason of education, training, or experience and is in fact not engaged in any occupation for wage or profit. Total disability must be certified by and require the regular care of a doctor.



Indemnity Riders – Sickness Benefits



- Lump sum cash payment
- Cover sickness/wellness only
- No pre-existing condition clause
- Surgical Benefit includes an anesthesia benefit of 25% of the surgical benefit.
- Sickness Indemnity Riders are not available in KS, MI, MT, TN, TX



Flex Critical Illness – Cancer, Heart & Stroke

- Face values on initial occurrence **up to \$30,000**
- Pays on multiple diagnosis - total benefit **2X selected** initial occurrence value
- **Recurrence Coverage** for invasive cancer, cancer in-situ, heart attack, stroke, and coronary artery bypass - pays up to 50% of initial occurrence value based on elapsed time
- Child benefits pay out at 50% of the adult benefit
- There is a **30-day waiting period** before a qualifying critical illness becomes eligible for benefit consideration – in most states pre-existing conditions are excluded



Covered Illnesses and Events

Critical Illness and % of Maximum Benefit	Adult	Child
Carcinoma-in-situ Life-Threatening Cancer		
• 31-90 days after effective date	10.0%	5.0%
• More than 90 days after effective date	20.0%	10.0%
Invasive Cancer		
• Diagnosis 31-90 days after effective date	20.0%	10.0%
• Diagnosis >90 days after effective date	100.0%	50.0%
Heart Attack	100.0%	50.0%
Stroke	100.0%	50.0%
Coronary Artery Bypass Surgery	50.0%	25.0%
Major Organ Transplant	100.0%	50.0%

- Reduced cancer benefits in days 31-90 days
- Child benefits pay at 50% of the adult level



Understanding Association Member Benefits - Communicating for America

- **Only the primary applicant** must become a member making Flex Benefits' plans more affordable for couples and families.
- The member **benefits extend to all persons** listed on the enrollment. If a couple applies separately they each must purchase their own membership.
- A **Basic** membership helps prevent duplicate virtual care benefits when similar benefits are embedded in a major medical plan. We remain committed to the value of virtual care programs.

Name (level)	Basic (Flex1)	CleverHealth Smart Virtual Care (Flex3)
Monthly Dues	\$5	\$22.50
Member Benefits	Vision Discount	Virtual Urgent Care Virtual Primary Care Virtual Mental Health Care RX Discounts



medZEROTM Medical Spending Account

- \$1,500 credit limit*
- No fees, No Interest*
- A person can only have 1 active loan but may prepay at anytime.
- CA member benefit administered by medZero
- Members must register to use the virtual online cards for section qualified medical expenses
- May be used in conjunction with an HSA account as repayment plan.

*The medZERO benefit is administered by medZERO, with financing provided by its lending partners. CA and FlexBenefits provide access to this program but are not involved in lending decisions. No credit checks are required. Most members will qualify; however, in some cases, additional eligibility verification may be required, and individual approval results may vary. medZERO loans are issued at 0.0% APR with no interest or fees. This is not a loan offer. All loans are subject to review and approval by medZERO's lending partners. Please refer to your MedZERO Loan Agreement for full terms. Refer to <https://get.medzero.com/caflexbenefits> for details.



CleverHealth - smart virtual care TM

Association Member Benefits

virtual urgent care

- **async** start to finish avg 5 min 5 sec
- **synchronous phone or video**
- **7 out of 10** prefer async vs. synchronous
- available **24/7**

\$0 co-pay

cold, flu, sinus infections

fever, cough, allergies, asthma

skin conditions, pink eye

UTI's, fatigue, migraines, and more!

virtual primary care

- schedule appts
- **care team** coordination
- recommends **follow up** care
- specialist **referrals**
- order **labs**

\$0 co-pay

screenings and labs

diabetes, high blood pressure

routine health maintenance

high cholesterol and more!

DOWNLOAD NOW!
enter last name, date of birth, zip code



virtual mental health care

- **interactive** chatbot
- **on demand 24/7**
- ai technology built by psychologists specializing in **anxiety** and **depression**

\$0 co-pay

18% reduction of depression symptoms

28% reduction of anxiety symptoms

as simple as a text

anywhere, anytime

- **licensed** mental health professionals
- **7 days a week, 7am-10pm** **scheduled** appointments
- **bella ai** chatbot 24/7

\$0 co-pay

family counseling, PTSD, trauma

anger, feeling overwhelmed

depression anxiety

medication management

Sales Tips

A simple needs-based approach

- Start with the benefit package aligning most closely with your client.
- Align AME benefit with the maximum annual out-of-pocket (OOP) of primary coverage.
- Align Accident Disability Income with their current weekly take home pay. If they have short-term disability via an employer plan they may not need to include this benefit - it's your role as a agent to guide this discussion.
- Suggest Critical Illness (CI) when there is a family history of covered diseases. Consider amounts beyond the client's primary plan out-of-pocket limits to cover non-medical expenses such as lost wages and travel.
- Indemnity benefits work with major medical plans that have copays.



How it works FAQ

- **What is the effective date of my policy?**

The policy coverage starts on the date elected in your enrollment application when premiums are paid in full. Benefits may start as soon as the next day and as far out as 2 months in the future.

- **When does the annual benefit limits reset?**

The policy has a calendar year benefit. This means that the benefit limits reset each year on January 1st.

- **When is my monthly premium due?**

Monthly premiums are due each month on the same day of the month as the policy was purchased. For example, a policy purchase on the 12 of July will have it's monthly premiums due on the 12th of each month.

- **How to file a claim?**

Claims forms can be downloaded from the client portal at flexbenefits.loomislive.com or you can contact customer service at 866-792-7050.

- **If I cannot pay my premiums when due, how long before my coverage is terminated?**

Policyholders have a 30-day grace period after the due date to pay premiums and maintain continuous coverage. Once per year, the policyholder has this additional opportunity to reinstate coverage past the 30 day grace period. If the payment is made less than 90 days late, the policyholder may request coverage to be continued forward from the next applicable policy month - this is also known as a "reinstatement" in your policy certificate. There will create a "gap" or "pause" in coverage. More than 90-days late and the policyholder may re-enroll in the benefits.



Thank you!

Questions? email us at contracting@flexbenefits.co

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