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Refer to sales brochure FCBRs-BR 0322

FirstChoice Blue Ribbon Series is a Hospital Indemnity Insurance Policy Underwritten by ManhattanLife Assurance Company of America and proudly sold through the independently licensed agents of BMC Agency, Inc.

In 2002 **BMC Agency, Inc.** developed the industry's first **Guaranteed Issue, Guaranteed Renewable** 'defined benefit' health plan. In the 20 years since we have continuously marketed our "Ultra-Simplified Issue" products.

ManhattanLife is the third major carrier with whom we have partnered to underwrite and administer our plans. In those 20 years, between the three carriers, we have issued almost 37,000 policies. We are very proud of the fact that none of these policies has ever had a rate increase!

When choosing to represent **FirstChoice**, you can be confident that you have partnered with a Company (**MIG**) and Marketing Organization (**BMC**) that each lead the industry in experience with and dedication to the "Defined Benefit" market!

The Blue Ribbon Series is the 5th iteration of FirstChoice.

The first Guaranteed Issue, Guaranteed Renewable “defined benefit” plan, a direct predecessor of FirstChoice, was developed by BMC Agency, Inc. to serve two markets:

- 1) Individuals who did not **QUALIFY** for major med coverage, and
- 2) Individuals who could not **AFFORD** major med!

Today, the ACA has addressed each of these for the majority of consumers

Qualifying is no longer a concern, since **ACA plans include guaranteed acceptance and no pre-x!**

Affordability has been addressed by the ACA for many through federal subsidies.



BMC Agency designed and developed the very first Individual **Guaranteed Issue, Guaranteed Renewable** health plan in our industry!

So, why do we need a plan like FirstChoice today?

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FirstChoice now serves an entirely different set of consumers than we did before!

1) Many/most True Group plans today feature deductibles and coinsurance levels that would have been considered ridiculous in the past! We see corporate health plans today with deductibles of \$2,000, \$3,000, even \$5,000 and more!

2) The law has established out-of-pocket maximums for ACA plans that now exceed \$8,000 per year, and two per family! Premiums after subsidies may be relatively low, but exposure is very high.

Plans #1 and #2 have been structured to address these needs!



So, why do we need a plan like FirstChoice today?

There is a significant number of consumers who for reasons all their own refuse to participate in the ACA. For these individuals we believe that the FirstChoice BRS **#4** represents the best value in the industry, when evaluating plans by benefits, premium costs, and liberal underwriting. (*And commissions!*)

There are also many individuals who prefer to support Faith Based Ministry programs. They understand that these plans are neither true insurance nor are they guaranteed. FC BRS plan **#3** provides a significant level of coverage as a back up to these programs.



FirstChoice Blue Ribbon Series

- * **No Deductibles**
- * **No Coinsurance**
- * **Guaranteed Renewable**
- * **No lifetime maximums on any benefits**
- * **Simple Online Enrollment**
- * **Ultra-simplified Underwriting**
- * **No Networks, Use any doctor or hospital**

Plan Highlights

- * **Pays directly to client after easy claims filing**
- * **Pays in addition to all other coverage**
- * **Choice of four benefit packages**



Functionality

Supplement Plans, #1 and #2

Plan #1

Designed for individuals who have coverage at work or through the exchange but want to protect themselves from the high exposure from a hospital claim.

Plan #2

Tailored to those who have a higher deductible (*\$3,000 or more*) from their group coverage at work, their individual ACA “exchange” plan, or for those with a Faith Based Ministry program who would feel more comfortable with an underlying level of strong “guaranteed renewable” benefits. This strategy has also been used with a High Deductible Short Term Major Medical.

Stand Alone Plans, #3 and #4

Plan #3

Designed for those individuals (*or families*) who do not wish to participate in the Federal ACA insurance plans for any reason, but who want high levels of “guaranteed renewable” benefits at historically stable premiums.

Plan #4

Designed for those individuals (*or families*) who want the highest levels of “guaranteed renewable” benefits. This includes an Outpatient Diagnosis Procedure benefit that is only included in Plan #4. Very few Limited Medical competitors offer benefit levels anywhere close to Plan #4, even those that are aggressively underwritten.

All four FirstChoice plans feature extremely liberal Simplified Issue Underwriting!

Simplified Issue Underwriting is available to prospects age 18-64 who are gainfully employed an average of 27 hours per week! **Self Employed applicants are eligible!**

There is only one “knock out” condition.

CYSTIC FIBROSIS!

In addition, there are only TWO Pre-X conditions that require PERMANENT EXCLUSION RIDERS.

Renal Disease

End Stage Renal and other serious Kidney issues.

COPD

Advanced Lung Disease

All other Pre-x conditions will be covered after 12 months!

Underwriting

If your prospective client is between the ages of 18-64 (*inclusive*) and works an average of 27 hours per week, with no history of Cystic Fibrosis they will be issued a policy, subject to the restrictions above.

A pre-x condition is any condition for which the client **sought or received medical attention in the prior year, was advised to have a medical procedure, or for which prescription medication was prescribed.**



Simply put, if you submit an application on a prospect age 18-64, male or female, who works an average of 27 hours per week and has no history of CF, they will be issued! If they are 4'3" tall, weigh 573 pounds, smoke 3 packs of cigarettes each day, have had two heart attacks, three strokes, ongoing cancer, diabetes, and athlete's foot, they will be issued **and all pre-x conditions will be covered after 12 months!**

LUMP SUM BENEFIT

Pays the benefit for the first time an Insured is confined to a Hospital due to a covered Injury or Sickness per calendar year. This benefit is paid one time per Calendar Year per Insured. It is paid in addition to all other plan benefits.

FIRST HOSPITAL CONFINEMENT

The First Hospital Confinement Benefit is paid for the first period of hospital confinement of each calendar year. The benefit is paid on the second, third fourth, fifth and sixth days of confinement. It is paid in addition to all other plan benefits.

HOSPITAL INJURY INDEMNITY

Pays an additional Daily Benefit for each day an Insured is confined to a Hospital as a result of a covered injury. The benefit is paid for each day of confinement up to 365 days! It is paid in addition to all other plan benefits.

INTENSIVE CARE BENEFIT

This benefit pays Daily Benefit for each day of confinement in a Hospital's Intensive Care Unit for any covered Injury or Sickness. This benefit is paid for up to 20 days for any period of confinement in the ICU *in addition to the Daily Room Benefit!* Benefits begin on the first day if ICU confinement.

SURGERY

Pays the Scheduled Benefit amount per day for each day of continuous hospital confinement during which one or more surgical procedures takes place, not to exceed 5 days per period of confinement. It is paid in addition to all other plan benefits. For surgical services rendered in an Ambulatory Surgical Center, pays 50% of the corresponding Scheduled Benefit for the day the surgery is performed. Benefit is payable subject to a calendar year max of \$50,000.

ANESTHESIA

The anesthesia benefit is paid for each day that a surgical benefit is paid, in addition to all other plan benefits.

DAILY ROOM BENEFIT

The Daily Room Benefit is paid for each day of a covered hospital confinement due to Injury or sickness for up to 365 days. ***It is paid in addition to all other plan benefits!***

OUTPATIENT SICKNESS

Pays the specified Benefit per day for each day that treatment is received in an out-of-hospital facility or a Hospital Emergency Room due to a covered Sickness. Limit 1 visit per sickness. Maximum of 4 visits per calendar year for the primary insured, 4 visits for the spouse, if insured, and 4 visits to be shared between all covered children on a “first come, first served” basis.

EMERGENCY ACCIDENT

Pays a specified benefit for Emergency Care rendered (within 72 hours of the injury) by a Physician in a Hospital Emergency Room or a Physician's Office due to a covered injury. Payment will be made for up to 4 visits per calendar year for the primary insured, 4 visits for the spouse, if insured, and 4 visits to be shared between all covered children on a "first come, first served" basis.

PRIVATE DUTY NURSING

Pays a Daily Benefit if the service of a private duty nurse is required for at least 8 hours per day while confined in a hospital due to Injury or Sickness.

ACCIDENTAL DEATH and DISMEMBERMENT

Provides a DEATH or Dismemberment benefit if an insured is injured and/or death occurs within the state allowed time period.

OUTPATIENT DIAGNOSIS PROCEDURE

Pays the per day benefit amount, up to the Calendar Year Maximum shown on the policy schedule when any Insured incurs charges for any radiological or laboratory service while the rider is in force. The procedure must be required due to a Covered Event. This rider is subject to a Calendar Year maximum shown on the Policy Schedule.

FirstChoice Blue Ribbon Series

Plan Designs

Benefit	Plan #1	Plan #2	Plan #3	Plan #4
Lump Sum Indemnity (<i>per day</i>) Indemnity Payable one time per Calendar Year per Insured	\$1,500	\$3,000	\$3,000	\$4,000
Hospital Injury Indemnity (<i>per day</i>) Payable per day of confinement up to 365 days	\$500	\$1,000	\$1,000	\$1,000
First Hospital Confinement (<i>per day</i>) Paid on the 2nd, 3rd, 4th, 5th, and 6th days of confinement	\$1,000	\$1,000	\$3,000	\$4,000
Intensive Care Unit (<i>per day</i>) Limited to 20 days per confinement	\$250	\$500	\$1,000	\$2,000
Surgical (<i>per day</i>) Maximum of 5 days per confinement	\$500	\$1,000	\$3,000	\$4,000
Anesthesia (<i>per day</i>) Daily benefit paid for each day that a surgical benefit is paid	\$100	\$200	\$600	\$800
Daily Room Benefit (<i>per day</i>) Payable per day of confinement up to 365 days	\$100	\$100	\$500	\$1,000
Private Duty Nurse (<i>per day</i>) Maximum 30 days per period of confinement (limitations apply)	\$100	\$100	\$300	\$500
Emergency Accident (<i>per day</i>) Limit 1 visit per accident/4 accidents per year	\$250	\$250	\$500	\$500
Outpatient Sickness (<i>per day</i>) Limit 1 visit per sickness/maximum 4 visits per calendar year	\$50	\$50	\$100	\$150
Accidental Death and Dismemberment* Injury and/or death occurs within the state allowed time period	\$10,000	\$20,000	\$75,000	\$100,000
Outpatient Diagnosis Procedure (<i>per day</i>) Pays the Scheduled Benefit amount per day for each day a Covered Diagnostic Procedure is performed on an insured, 4 per insured person per year	X	X	X	\$250



FirstChoice Blue Ribbon Series

Claims Examples

In this example we see the benefits that each plan would provide for a Cholecystectomy (*Gall Bladder Removal*.) The client was confined for only 3 days, well below average for this procedure.

	Plan #1	Plan #2	Plan #3	Plan #4
Lump Sum	\$1,500	\$3,000	\$3,000	\$4,000
Hospital Injury	X	X	X	X
First Confinement	\$2,000	\$2,000	\$6,000	\$8,000
ICU	X	X	X	X
Surgical	\$1,500	\$3,000	\$9,000	\$12,000
Anesthesia	\$300	\$600	\$1,800	\$2,400
Daily Room Benefit	\$300	\$300	\$1,500	\$3,000
Private Duty Nurse	X	X	X	X
Emergency Accident	X	X	X	X
Outpatient Sickness	X	X	X	X
Accidental Death and Dismemberment	X	X	X	X
Outpatient Diagnosis Procedure	X	X	X	X
Benefit Payment	\$5,600	\$8,900	\$21,300	\$29,400



This product does not constitute comprehensive health insurance coverage (often referred to as, "major medical coverage"). Therefore, this product does not satisfy the requirement of Minimum Essential Coverage under the Federal Patient Protection and Affordable Care Act. For additional information, you can contact us, refer the official federal website at www.healthcare.gov, or call their toll-free number at 800-318-2596.

FirstChoice Blue Ribbon Series

Claims Examples

In this example we see the benefits that each plan would provide for an auto accident that resulted in an 8 day confinement.

	Plan #1	Plan #2	Plan #3	Plan #4
Lump Sum	\$1,500	\$3,000	\$3,000	\$4,000
Hospital Injury	\$4,000	\$8,000	\$8,000	\$8,000
First Confinement	\$5,000	\$5,000	\$15,000	\$20,000
ICU	X	X	X	X
Surgical	\$2,500	\$5,000	\$15,000	\$20,000
Anesthesia	\$500	\$1,000	\$3,000	\$4,000
Daily Room Benefit	\$800	\$800	\$4,000	\$8,000
Private Duty Nurse	X	X	X	X
Emergency Accident	X	X	X	X
Outpatient Sickness	X	X	X	X
Accidental Death and Dismemberment	X	X	X	X
Outpatient Diagnosis Procedure	X	X	X	X
Benefit Payment	\$14,300	\$22,800	\$48,000	\$64,000



This product does not constitute comprehensive health insurance coverage (often referred to as, "major medical coverage"). Therefore, this product does not satisfy the requirement of Minimum Essential Coverage under the Federal Patient Protection and Affordable Care Act. For additional information, you can contact us, refer the official federal website at www.healthcare.gov, or call their toll-free number at 800-318-2596.

FirstChoice Blue Ribbon Series

Claims Examples

In this example we see the benefits that each plan would provide for a heart bypass that resulted in a 10 day confinement with three days in ICU.

	Plan #1	Plan #2	Plan #3	Plan #4
Lump Sum	\$1,500	\$3,000	\$3,000	\$4,000
Hospital Injury	X	X	X	X
First Confinement	\$5,000	\$5,000	\$15,000	\$20,000
ICU	\$750	\$1,500	\$3,000	\$6,000
Surgical	\$2,500	\$5,000	\$15,000	\$20,000
Anesthesia	\$500	\$1,000	\$3,000	\$4,000
Daily Room Benefit	\$1,000	\$1,000	\$5,000	\$10,000
Private Duty Nurse	\$1,000	\$1,000	\$3,000	\$5,000
Emergency Accident	X	X	X	X
Outpatient Sickness	X	X	X	X
Accidental Death and Dismemberment	X	X	X	X
Outpatient Diagnosis Procedure	X	X	X	X
Benefit Payment	\$12,250	\$17,500	\$47,000	\$69,000



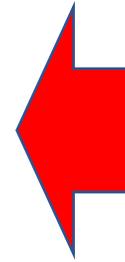
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Plan #1	Employee	Emp/Spouse	Emp/Children	Family
18-39	\$51.60	\$97.90	\$93.82	\$140.12
40-59	\$70.65	135.85	\$112.87	\$178.07
60-65	\$82.35	\$159.10	\$124.57	\$201.32

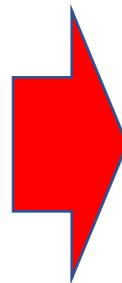
Premium Rates

Designed for individuals who have coverage at work or through the exchange but want to protect themselves from the high exposure from a hospital claim.



***** These are intended as supplements to Group Health and Metallic ACA plans! *****

Tailored to those who have a higher deductible (\$3,000 +) from their group coverage at work, their individual ACA “exchange” plan, or for those with a Faith Based Ministry program who would feel more comfortable with an underlying level of strong “guaranteed renewable” benefits.

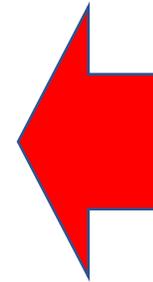


Plan #2	Employee	Emp/Spouse	Emp/Children	Family
18-39	\$71.50	\$137.40	\$130.93	\$196.83
40-59	\$99.75	\$193.60	\$159.18	\$253.03
60-65	\$117.40	\$228.60	\$176.83	\$288.03

FirstChoice Blue Ribbon Series

Plan Rates

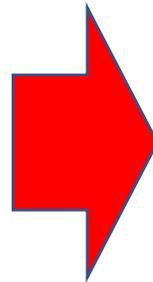
Plan #3	Employee	Emp/Spouse	Emp/Children	Family
18-39	\$146.60	\$285.95	\$269.29	\$408.64
40-59	\$200.50	\$392.63	\$323.19	\$515.32
60-65	\$237.60	\$465.70	\$360.29	\$588.39



Designed for those individuals (*or families*) who do not wish to participate in the Federal ACA insurance plans for any reason, but who want high levels of “guaranteed renewable” benefits at historically stable premiums.

******* These are intended as “stand alone” alternatives to Group ACA plans! *******

For those individuals (*or families*) who want the highest levels of “guaranteed renewable” benefits. Very few Limited Medical competitors offer benefit levels anywhere close to Plan #4, even those that are aggressively underwritten.



Plan #4	Employee	Emp/Spouse	Emp/Children	Family
18-39	\$231.08	\$454.16	\$423.46	\$646.54
40-59	\$313.05	\$616.60	\$505.43	\$588.39
60-65	\$373.60	\$736.20	\$565.98	\$928.58

Thanks for your time and attention! If you would like to receive additional information on the amazing **FirstChoice Blue Ribbon Series**, please use the contact information below.



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