

PRODUCER GUIDE



Everest Flex Term Health Insurance

SHORT TERM MEDICAL

Powered by SASid

Effective date: 9/27/2021



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Overview:

Welcome,

Flex Term Health (short term medical) insurance is insured by Everest, administered by InsuranceTPA, and powered by SASid technology.

Understanding and consistently communicating to client-facing personnel and potential insureds that Short-Term Medical products are temporary products which have defined, limited benefits, which are not major medical insurance and do not meet the requirements of the Affordable Care Act, is a significant factor in our relationship. Everest has zero tolerance for inaccurate, incomplete or misleading statements on this issue.

This producer guide was developed to assist you in understanding and communicating coverage. It provides answers to many questions and directs you to the proper team to obtain information that may not be in this guide. Please note that not all our guidelines are stated in this guide. Our practice is to publish only the most common practices regarding STM. If there are specific questions not addressed in this guide, please reach out to your distribution sales team representative.

Short Term Medical insurance is designed to offer limited, defined medical insurance benefits for those who need coverage for temporary situations. Here are some examples of those who may reasonably determine to purchase a specific amount of days or months of this limited coverage:

- *Individuals who missed the deadlines for the ACA exchanges and need to wait until the next enrollment period*
- *Individuals who have a waiting period before enrollment in another program*
- *People who are temporarily in between jobs or have been laid off*
- *People looking for a less expensive option than COBRA*
- *Recent graduates*
- *Young adults no longer covered under a parent's health benefit plan*
- *Coverage for children only*

Short-Term Medical is not for everyone. It's important to know and clearly communicate what's not covered, to avoid any surprises, including but not limited to:

- *Pre-existing conditions are not covered*
- *Dental and eye care are not covered*
- *Prescription Drugs are not covered, except those administered by a Doctor in an Inpatient or Outpatient hospitalization and considered under the Policy as an Eligible Expense.*

IMPORTANT: EVEREST FLEX TERM IS A SHORT-TERM MEDICAL INSURANCE PLAN WITH DEFINED, LIMITED BENEFITS THAT IS NOT MAJOR MEDICAL INSURANCE AND IS NOT INTENDED TO AND DOES NOT QUALIFY AS THE MINIMUM ESSENTIAL COVERAGE REQUIRED BY THE AFFORDABLE CARE ACT (ACA). UNLESS THE INSURED AND ANY DEPENDENTS PURCHASE A POLICY THAT PROVIDES MINIMUM ESSENTIAL COVERAGE IN ACCORDANCE WITH THE ACA, INSURED AND DEPENDENTS MAY BE SUBJECT TO A FEDERAL TAX PENALTY. ALSO, THE TERMINATION OR LOSS OF THIS POLICY DOES NOT ENTITLE INSURED OR DEPENDENTS TO A SPECIAL ENROLLMENT PERIOD TO PURCHASE A HEALTH BENEFIT POLICY THAT QUALIFIES AS MINIMUM ESSENTIAL COVERAGE OUTSIDE OF AN OPEN ENROLLMENT PERIOD.

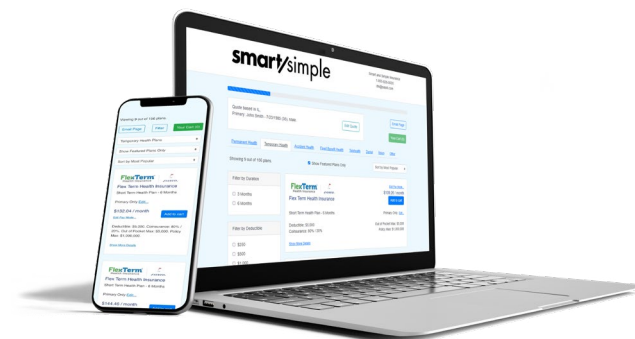
Who are we?



A global leader in reinsurance and insurance.

For over 40 years, Everest has been a global leader in reinsurance with a broad footprint, deep client relationships, underwriting excellence, responsive service, and customized solutions.

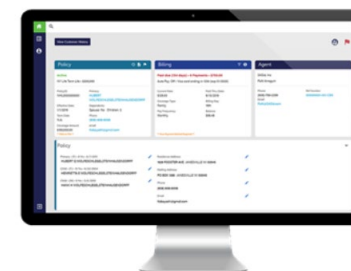
Our insurance arm draws upon impressive global resources and financial strength to tailor each policy to meet the individual needs of our customers.



Insurance Company Ratings: as of 5/2021:

- A.M. Best A+
- S&P A+
- Moody's A1

Learn more about Everest at: <https://www.everestre.com/About-Everest>





SASid is a proven leader in InsurTech. Over the last 20 years, SASid has innovated the specialty health & life insurance distribution, third party administration and software markets across 50 U.S. states and territories.

- From day one, SASid's mission has been to make insurance simple to understand, easy to access and buy online, and create products which are smart to have.
- Develops proprietary technology which is used internally and licensed to insurers.
 - Insurance Marketplace(s) - Quote, Enroll, E-signature, & Fulfillment
 - Insurance Customer Service Software
 - Insurance Administration Software - Billing
 - Producer Management Software - Commission & Reporting
- Produces millions of transactions across many different products yearly.

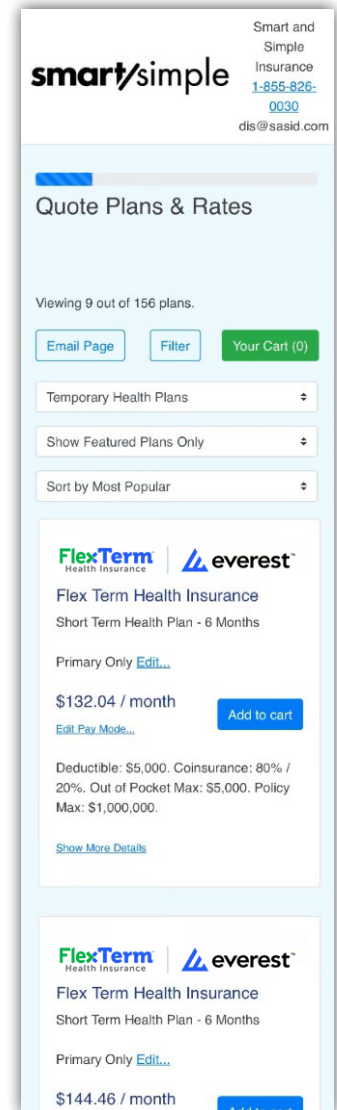
[Learn more at www.SASid.com](http://www.SASid.com)



Our Mission: The most innovative, efficient, and quality administrator in the world.

Our Purpose: To help people understand and access their insurance benefits. We are experts at billing, customer service, agent services, and provide exceptional audit results for our carrier partners.

[Learn more at www.insuranceTPA.com](http://www.insuranceTPA.com)



Everest Flex Term Health Insurance (Short Term Medical) Product Overview:



The FlexTerm Health Insurance plan provides health insurance coverage to help protect you from the medical bills that can result from newly unexpected Injuries and Sickness.

- 3, 6 and 12 month plans (as allowed by state regulation) that can provide some benefits in the event of new injuries and illnesses.
- May be suitable if you are between jobs waiting for new employer benefits, a seasonal employee, or a new graduate searching for employment with benefits
- Nationwide network, giving you the freedom to choose your own doctors
- Deductibles from \$1,000 – \$10,000 (as allowed by laws state regulation) to customize the perfect plan for you
- \$50 doctor office visit copay
- \$50 copay for one basic routine annual exam

Everest Flex Term- [View Brochure](#)

Benefits vary by state (see Exhibit A for state availability and durations). Refer to the coverage document for specific terms and conditions.



Whether the Everest Flex Term Health Plan is filed as an Association Group or an Individual plan, all covered persons can access the PHCS Practitioner and Ancillary network provider.¹ Information regarding PHCS is noted on the Everest ID Card – see sample below. Refer to the Key Terms and Benefit Overview section for an overview of Practitioner and Ancillary services)

Although covered persons have access to the PHCS Practitioner and Ancillary network, they may go to any provider to obtain care and services. Policyholders are not obligated to use these providers as the Everest Flex Term Health Plan is NOT a network policy.

If a PHCS Practitioner and Ancillary provider is utilized, the PHCS contracted/discounted amount is considered the Maximum Allowable Expense (MAE) and the **provider cannot balance bill for excess charges**.

If a non-PHCS Practitioner and Ancillary provider is utilized, covered expenses are subject to a “Usual and Customary Fee” review, which established the Maximum Allowable Expense (MAE). **Covered persons are responsible for charges in excess of the MAE, which could be significant in some situations.**

The difference regarding balance billing is very important and should be clearly communicated to insureds and potential insureds, as misunderstanding regarding the possibility of balance billing has been a frequent subject of consumer complaints in the industry.

NOTE: PHCS contracted pricing does not apply to “facility” charges, (refer to the Key Terms and Benefit Overview section for an overview of Facility services). For “facility” charges, the plan covers up to 150% of Medicare allowable charges.

IMPORTANT: Covered persons have access to the PHCS Practitioner and Ancillary network **but are not obligated to use these providers**.

¹ In the **State of Nebraska**, all practitioner and ancillary charges as well as facility charges are covered at 150% of Medicare allowable charges – as of February 2021. The PHCS Practitioner and Ancillary network repricing can no longer be used in this state as the DOI thought it could be confusing. Therefore, please advise covered persons they may be subject to excess charges (otherwise referred to as “balance billing”).

The benefits of utilizing a PHCS Practitioner and Ancillary network provider include the following:

Access and cost savings

Covered persons get reference-based pricing cost savings and access to a network of physicians they can trust. This means Flex Term Health insureds can receive contracted/discounted pricing through the PHCS Practitioner and Ancillary network providers.

With the PHCS Physicians network you and your members get:

Choice – Broad access to more than 814,000 practitioners, the largest primary PPO in the nation.

- To locate a participating provider: Visit www.multiplan.com or call 1-800-922-4362.




Savings – Negotiated discounts or contracted pricing resulting in significant cost savings.

Quality – With rigorous criteria and credentialing for providers, covered persons can be assured they are choosing their physician from a high-quality network

How does this help your clients and provide value?

Covered persons can avoid or reduce additional out-of-pocket expenses as this critical value-added benefit eliminates balance billing of charges incurred with network practitioners.

Using non-participating practitioners may cause insureds to be responsible for uncovered charges for services, in excess of the MAE.

| | |
|---|---|
|  |  |
|  | To locate a participating provider: Visit www.multiplan.com or call 1-800-922-4362. You have access to the PHCS provider network but are not obligated to use these providers. However, your out-of-pocket expenses may be reduced if you choose to do so. |
| This card does not constitute a guarantee of eligibility or claim payment. | |
| Name: Destino Stellavem | |
| Class Type: Member | |
| Member User ID: FTH002387 | Effective Date: 6/15/2019 |
| Plan Name: 1000 Deduct. 100/0. 0 OOP. 1.5 Mil Max | |
| Facility charge: Plan covers up to 150% of Medicare allowable charge. | |



The founding principle and mission of the AUIC is to provide continuing education and professional services and products within the internet consultant, internet business, and entrepreneurial community. AUIC provides its members with informational content, professional educational blogs, and access to helpful benefits like group insurance products.

In states where the Everest Flex Term Health Plan is filed as an Association Group plan, AUIC (Association of United Internet Consumers) membership is required (refer to Exhibit A for Product Availability).

AUIC currently offers two (2) membership levels directly related to providing members valuable benefits enhancing your client's ability to limit some out of pocket medical expenses.

[To learn more visit AUIC.org](http://AUIC.org)

These are not operated or controlled by Everest.

The AUIC currently offers many plan levels:

TeleHealth Level

- Access to Group Insurance Plans
- Free prescription drug card
- Discounts on Labs and other medical services
- EPIC Hearing healthcare services
- TeleHealth by MDLive – Access to a doctor over phone or webcam 24/7

Health Advantage Level

- Access to Group Insurance Plans
- Free prescription drug card
- Discounts on Labs and other medical services
- EPIC Hearing healthcare services
- TeleHealth by MDLive – Access to a doctor over phone or webcam 24/7
- Karis360® – Suite of services including, Healthcare Navigator®, Surgery Saver®, Bill Negotiator®, and Chaplaincy Service®. View the Karis360® agent guidance brochure. This brochure is for agent use only. It is not meant for consumer use.

Key Terms and Benefit Overview

Take a minute to review key terms, acronyms, and benefit overviews below which are used to guide communications in this document and insurance agreements.

- **ACA Major Medical** = Affordable Care Act health insurance plans provided through the government run insurance marketplace www.healthcare.gov.
- **Additional Deductible** = Advanced Diagnostics, ER visit and Outpatient Surgery have additional deductibles that apply. The Additional Deductible applies first, then the Plan Deductible and then Coinsurance applies for eligible services.
- **Benefit Appeals** = If a health insurer refuses to pay a claim or ends your coverage, you have the right to appeal the decision and have it reviewed. You can ask that your insurance company reconsider its decision. Appeals must be sent in writing to the insurer and include all applicable information as to the reason behind contesting the decision made by the insurer.
- **Benefit Eligibility** = Benefits are payable under the Policy after a Covered Person incurs charges for Eligible Expenses in excess of any applicable Additional Deductible, and then the Plan Deductible or Copayment, unless otherwise specified. The Schedule of Benefits defines and limits the type and amount of services which may be paid for by the insurance. Benefits will be paid at the Coinsurance amount shown in the Schedule of Benefits. Once the Out of Pocket Maximum amount is reached, the Coinsurance amount for the remainder of the Coverage Period is 100%. All benefits payable are subject to the Coverage Period Maximum Benefit.
- **Benefit Reductions for certain procedures** = Scheduled benefit for specifically assigned conditions or services rendered. A maximum benefit is assigned and that is the most that the plan will apply to that service(s).
- **COBRA Insurance** = The Consolidated Omnibus Budget Reconciliation Act of 1985 allows workers and their qualified dependents the right to continue their employer-sponsored health insurance for a short period of time, if that insurance would stop due termination of employment, reduction in hours or changes within their immediate family.
- **Coinsurance** = the percentage amount the Company will pay of the Eligible Expenses that the Insured and the Company share after the applicable Deductibles and Copayments are met. Coinsurance does not include Deductibles, Copayments, penalty coinsurance for failure to pre-certify required services or any charges in excess of the Maximum Allowable Expense.
- **Copayment** = the designated amount that must be paid by a Covered Person for medical care. Copays do not apply to any Deductible or Out of Pocket Maximum.
- **Exclusion and Limitations** = Loss caused by, contributed to, or resulting from the following is excluded or otherwise limited as specified: See Exclusion and Limitations section of the sample Certificate of Insurance/Policy. These services are either excluded from the policy or the benefit may have a waiting period that will apply depending on the condition and/or cause of the condition.

- **Insurance Marketplace** = any website which provides consumers access to quote and/or enroll into insurance products. SASid develops insurance marketplaces for each contracted agent to offer insurance quote, enroll, and instant fulfillment over the web (through a specific agent URL generated by SASid).
- **Maximum Allowable Expense (MAE)** = This is the maximum charge that will be considered as an Eligible Expense. It is the lesser of billed charges, Usual and Customary (U&C), the negotiated discount or 150% of Medicare allowable charge.
- **Out of Pocket Maximum** = the amount of eligible expenses that is the responsibility of each Covered Person to meet before the plan pays expenses at the coinsurance level. This does not include Deductibles or Coinsurance. This includes charges in excess of the MAE.
- **Plan Deductible** = the amount of Eligible Expenses that must be paid by each Covered Person during any Coverage Period before any benefits are payable.
- **Policy Duration** = the length of time a STM plans will last. Example: if someone buys a STM plan for 3 months, the STM plan terminates after 3 months (does not continue therefore there are no covered events after the 3 months is over).
- **Policy Maximum** = the maximum amount that the insurance company will pay during a policy period.
- **Premium** = the cost of insurance
- **Pre-Existing Conditions** = Charges resulting directly or indirectly from a condition for which a Covered Person received medical treatment, diagnosis, care or advice, including diagnostic tests or medications, within the 60 month (timeline may vary by state regulation) period immediately preceding such person's

Certificate Effective Date are excluded for the first 12 months (timeline may vary by state regulation) of coverage hereunder. Pre-Existing Conditions includes conditions that produced any symptoms which would have caused a reasonably prudent person to seek diagnosis, care, or treatment within the 60-month period immediately prior to the Covered Person's Certificate Effective Date of coverage under the Policy.

- **Pretreatment Review-(Pre-Certification)** = aka Pre-authorization is the process of obtaining approval from the insurance company to receive a particular medical service, and/or treatment. Pre-certification is usually required for planned medical procedures such as, but not limited to, outpatient surgery or inpatient hospitalization. Absence of a pre-certification will result in a 50% penalty of eligible charges. Pre-certification DOES NOT add to the type or amount of benefits available in the Schedule of Benefits.
- **Provider Categories:**
 - **Facility** (includes, but not limited to):
 - Accredited Hospital Facility
 - Extended Care Facility
 - Assisted Living Facility
 - Nursing Home
 - Convalescent Care
 - Drug and Alcohol Addiction Facility
 - Mental Disorders Facility
 - Outpatient Surgical Facility
 - **Ancillary:**
 - Diagnostic Lab and X-ray

- **Practitioner:**
 - A licensed practitioner who is recognized by the law of the state in which treatment is received as qualified to perform the service for which claim is made and who is not a member of Your immediate family.
- **STM** = is the acronym for Short Term Medical. STM is a short-term medical insurance plan with defined, limited benefits that is not major medical insurance for those who need temporary health insurance for a specific time.
- **Temporary Health Insurance** = Another term describing Short Term Medical plans.
- **Usual & Customary (U&C)** = “Usual and Customary Fee” (or “Fees”) means the usual, fair, and reasonable fee for medical treatment provided to a Covered Person (or any other form of medical care, procedure, drug, or supply). U&C applies to out of network providers for services rendered for practitioner or ancillary charges.
- **Waiting Periods** = A period of time that must pass from the effective before services for illness or cancer will be eligible. Covered Persons will not be able to receive benefits for:
- **Sickness** = 5 day waiting period from the effective date of coverage
- **Cancer** = 30 days waiting period from the effective date of coverage
- **150% of Medicare** = 150% of the Medicare allowable established by the Centers for Medicare & Medicaid Services (CMS). This allowable amount applies to Facility charges only. (See description of “Facility” above) **EXCEPT** for Nebraska which has a state mandate that 150% of Medicare allowable applies to all services/all locations such as Facility, Practitioner and Ancillary services.

FAQ's - Short-term health insurance:

What is Short-term medical insurance?

Short-term medical insurance (STM) policies are designed to provide temporary coverage during life's transitions until you are able to secure long-term insurance again. STM policies have policy limitations not found in major medical plans or those complying with the Affordable Care Act, defined, limited benefits and usually lower insurance premiums, making them a viable option for emergency needs. With limited medical underwriting and no out-of-network penalties, Short Term Medical is a viable option to relieve some of the costs of medical care while waiting for major medical insurance coverage to take effect.

What are the advantages of short-term health plans?

Short Term Medical plans have many advantages for consumers:

1. Typically, up to 70% less expensive than COBRA insurance and/or ACA Major Medical Plans
2. Freedom to select any provider; not limited to a network or HMO
3. Typically, lower deductibles and out of pocket costs than other plans

What are possible pitfalls of short-term plans?

Short Term Medical plans have some disadvantages compared to ACA Individual Major Medical.

1. Benefits are defined by a Schedule of Benefits and also limited in amount, as the policy is not intended to substitute for major medical coverage.
2. There is **no** coverage for pre-existing conditions. If a consumer has an ongoing condition, then Short-Term Medical is **not** the best option and distribution **should not recommend** STM coverage.
3. There are simplified underwriting requirements to qualify, consumers must answer a series of health questions. ACA Major Medical plans are guaranteed.
4. Short Term Medical plans **are not permanent** and end after a specific amount of days or months.

FAQ's - Short-term health insurance:

(Continued)

Who should not buy short-term medical coverage?

Consumers with ongoing medical illness should seek and retain ACA Major Medical plans. Also, those who need permanent coverage or a full suite of major medical benefits should access ACA Major Medical plans.

What are Federal/State rules regarding durations for short-term plans?

Short Term Medical plans are regulated at the state level. Access and duration length (3, 6, 12 months) of STM plans vary from state to state. While Everest designs products to comply with all applicable state laws, producers are responsible to understand the latest news and rules for the states where the producer is offering STM plans.

How soon can Short Term Medical begin?

Short term medical coverage can begin the next day if applying online using a credit card or auto bank debit, as long as the eligibility criteria is met. All transmissions take place and are recorded based on the time and date in the Central Time Zone. For example, if you submit the application on-line at or after 10:00 p.m. on March 15th from a location in the Pacific Time Zone, the time of the transmission will be at or after 12:00 a.m. Central Time. The transmission date of the application will be March 16th.

Is a Short-Term Medical plan considered “creditable coverage” under the Affordable Care Act?

No, Short Term Medical coverage is not ACA-compliant. Short-term medical policies do not meet all the benefits required by the ACA. Short term medical plans are limited duration policies-they do not cover preexisting medical conditions and do not cover all preventative care. Short term medical plans are designed to cover unforeseen illness and/or injuries according to a defined and limited Schedule of Benefits.

Policy Issue Guidelines

- **E-Application (no paper)-Online application:** Enrollment is 100% online and therefore no paper enrollments are accepted.
- **Eligibility Requirements:**
 - The completion of Section B of the applicable state application, which requests information on other insurance as well as medical questions.
 - NOTE: The list of application underwriting questions may vary by state.
 - US Citizen
 - Resides in the US
 - Between ages 18-65
 - Resides in the state where the policy is approved.
 - Dependent children to age 26 (may vary by state)
- **Available coverage effective dates:**
 - Next day coverage from date of bound coverage.
 - Or 45 days in advance from e-signature date.
- **Renewals** – This policy does not renew on the policy anniversary date. A new application and re-enrollment will be required with applicable state waiting periods between enrollments.
- **Eligibility adjustments**
 - Adding a dependent due to birth
 - Removing a dependent due to death of dependent
- **Policy delivery/fulfillment:** after online enrollment, client/agent will have instant access to necessary fulfillment documents.
 - ID Cards
 - Certificate of insurance
 - Application
 - Welcome Letter
- **Ten (10) Day Right To Examine Certificate**
 - Within 10 days after enrollment, this policy can be “returned” and all premiums will be refunded. At that time, the policy will be in the same positions as if the policy had never been issued.
- **Policy Cancellation**
 - Signed cancellation form required within 5 days of next billing cycle
 - Premiums will continue to be withdrawn from the financial institution on file until the signed cancellation form is received.
- **Policy Change**
 - A policyholder CANNOT change his coverage levels. (Ded/Coins etc.).
 - Changes to an existing policy cannot be performed.
- **Change in payment method.**
 - AHC
 - EFT
- **Online customer portal:** after online enrollment, client/agent will have instant access to necessary fulfillment documents.
 - Certificate
 - Application
 - Claims
 - Make a payment.
 - Change payment method.
 - Upload requested documents.
 - Change form.
 - Cancellation form

Policy Issue Guidelines

(Continued)

Premium

- **Rate Guarantee:** once applicants are approved their rate will not change during the existing term. Rates may change from one policy to the next (example consecutive policies).
- **Calculating Premium:** All ratings must be generated from the designated SASid insurance marketplace unless specifically agreed to in writing. Once properly licensed with Everest, SASid will generate each producer their own specific online rating insurance marketplace.
- **Billing**
 - Payment Methods Available: Credit Card (Visa, MasterCard, Discover) and/or Electronic Funds Transfer (EFT) through checking or savings accounts.
 - Typically, a separate fee of 3% is added for merchant account services outside of premium.
 - **Payment Modes:** Payment modes available are Monthly or Single pay (one-time payment). STM can be customized for a predetermined amount of days (up to state maximum- up to 360 days) or month-to-month recurring.
 - Tip: Single payment mode typically provides a discount on premium. Be sure to check out the savings available.
 - **Association dues(s):** Flex Term Health was filed as an association group program in some states. To gain access to the plan clients will need to join an approved association (AUIC) to enroll into the plan. The SASid insurance marketplace will automatically lead the client/producer to

join the association in states where it is needed. In states where the product was filed as an individual the client will not have to join the association to access the plan. The AUIC provides non-insurance benefits which may complement the STM plan – see section on AUIC above.

Producer Contracting & Commissions

Types of distribution: In today's evolving STM insurance landscape compliance of how insurance is represented and sold has become a vital concern. We will manage distribution partnerships differently based on classifying the type of producer listed below. Flex Term Health Insurance is a valuable product for those individuals who fit the need for which it was designed (temporary and limited coverage). Everest/SASid will not tolerate any misrepresentation and will terminate any producer which makes any false or misleading statement to any consumer regarding STM plans, including benefits/coverage, rates, and/or other terms. Overall, we will partner with agent distribution with a demonstrated history of positive sales experiences in the STM market. We will do approved background checks on every potential producer.

- 1. Direct to consumer Web** – Producer mainly markets online through website(s) or online marketplaces. Client self-completes application and e-signature.
 - a. Due Diligence: Website and/or marketplace needs to be reviewed prior to launch
 - b. Agent(s) properly licensed in states where offered and sold
- 2. General Agents and Independent agents:** Short Term Medical is marketed and sold face-to-face or over the phone. Leads are accessed through referrals or strategic partnerships where there is a relationship between agent and client.
 - a. Due Diligence: properly licensed, good track record, online/offline communication pieces (website, brochure/flyer, other).
- 3. Call Center** - Over ten (10) sales staff which enrolls applicants over the phone. A Call Center is defined as an agency that markets insurance products via purchased leads, website generated leads, or live transfers.
 - a. Due Diligence: Complete EV CC Business Practice DD 4-21: EXHIBIT B: Everest Call Center Business Practice Due Diligence Questionnaire
 - i. Phone verification: applications verified and stored to each account
 - ii. Sales calls recorded? - YES/NO
 - *Note: Recorded sales calls must be stored for at least 2 years from the effective date of latest policy issued.*
 - iii. Do you utilize in any fashion automatic dialing or texting communication methods? Please explain
 - iv. Do you adhere to all "Do not call" requirements? Please explain.

Becoming a Contracted Producer

SASid Agent onboarding tool: SASid works with partner Managing General Agents (MGA) which provide recruiting, support, due diligence, and ongoing training of insurance producers. SASid has developed a paperless agent onboarding tool (link) which your MGA will provide to you so that you can complete the following documents online:

- ☐ Everest Producer Licensing agreement
 - ☐ State Appointment Fees (see Exhibit C)
- ☐ SASid Producer Agreement: SASid and InsuranceTPA pay commissions to producers
 - ☐ Commission Schedule
 - ☐ Copy of current E&O declaration page
 - ☐ Form for EFT/ACH, voided check, or Credit Card authorization form
 - ☐ W-9 Form: All producers are independent agents and InsuranceTPA will issue 1099
 - ☐ Assignment of commissions form (if needed)
 - ☐ Direct deposit from (commission will be deposited weekly)
- ☐ AUIC distributor agreement: some states require AUIC membership and producers will be enrolling clients into the AUIC membership

Please note: all producers must be appointed separately for Everest to sell Everest insurance products. Once an appointment is approved (in approximately 14 days after submission of completed forms), each producer will receive a welcome email and a unique URL (web address) that must be used when enrolling customers. Any business processed without using this unique URL will not count towards the producer production.

Producer Fees

There are producer fees to become appointed to offer Everest Flex Term Plans.

Each agent must pay a program processing fee of \$25.00 which covers your training, electronic marketing materials which are customized with the producer name, address and telephone number, and licensing processing fee which covers all states you seek appointment in. SASid, not Everest, will assume the cost associated with your residence appointment fee cost, but agents are responsible for all applicable non-resident producer state appointment fees (refer to Exhibit D – State Appointment Fees). NOTE: Everest adheres to Just-In-Time (JIT) appointment processing, meaning appointments are processed on a state-by-state basis when business is submitted for a specific state.

Producer renewal appointments

Unless notified by the producer, producer renewal appointment fees will be auto renewed at the prevailing rate for their assigned states, payable by the producer. Renewal appointment fees will be charged via EFT or ACH or deducted from producer commission payments. Producers who will not be auto renewed for reasons determined by the insurance company will be contacted.

Producer Standards

We really want to help you provide the best experience with your customers when enrolling them in an Everest Flex Term health insurance plans. That's why we've taken great care to set up producers with tools that provide great experiences. While we will keep things smooth on our side, we expect producers to use the tools provided to them in a responsible way. That's why we have a few rules for using the unique URLs that are assigned to each producer.

IMPORTANT: All marketing and advertising of Everest products must be pre-approved by Everest and failure to do so may result in termination of producer relationship (refer to Exhibit E: Everest Advertising Policy & Procedures).

To help grow your business

We encourage you to place unique URLs on agency or personal websites, post it on a blog, social media post, or any other publicly accessible digital location. The unique URLs may also be used in printed flyers, on business cards, posters, and other physical locations. However, the producer should have control to remove the link whenever necessary.

Be aware of these cautions

Only producers assigned a unique URL link, and their customers, may use the URLs for the sole purpose of quoting and enrolling individuals in an Everest Flex Term Plan.

Unique URLs assigned to producers should not be posted on locations where the producer has no control to remove it if necessary. Unique URLs assigned to producers should also not be posted on sites or other locations where illegal or immoral activity is endorsed.

Producers assigned a unique URL are solely accountable for the way it is used.

Producer Standards

(Continued)

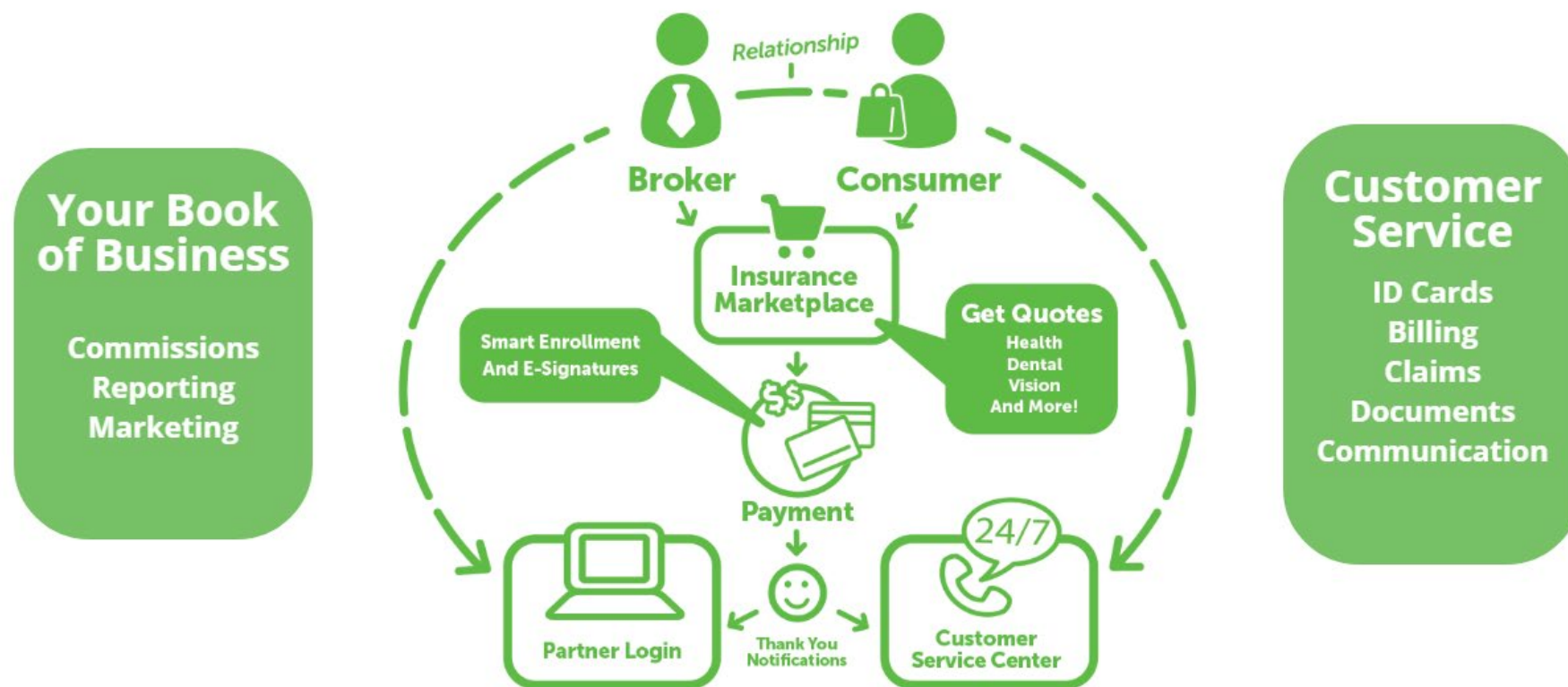
Use of logos and brand guidelines

Producers are expected to use the Everest and/or Flex Term logo responsibly; review and/submit Exhibit E - Everest Advertising Policy & Procedures. Here are the minimum logo and brand guideline rules to be followed.

- Only Everest Flex Term logos provided on the Everest Flex Term producer web site may be used.
- The logos provided must be used in the colors provided; changing logo colors, backgrounds, or any other feature is not permitted.
- The Everest Flex Term logo should always appear as clearly and consistently as possible. It should never compete with other graphic elements or any sort of visual clutter.
- The minimum amount of space surrounding the Everest Flex Term logo should, at minimum, be the width of an “e” in the logo.
- Logos should never be smaller than 1-inch print size or 140 pixels web minimum. The larger the logo, the more legible it will be to your readers.
- The Everest Flex Term logo should not be added to textually or graphically, and never used with a transparent background.

Producer Experience

You are all contracted, received your unique insurance marketplace URL, and ready to offer Everest Flex Term to your customers. We will demonstrate the basics of how you can use your insurance marketplace to quote, enroll, and manage your book of business.



- Producer website
 - SASid Insurance Marketplace: Use of assigned unique URL
 - SASid Partner Login
 - Data: quotes, enrollments, incomplete applications, marketing data, and more
 - Commission
- Advertising (see Exhibit B)
- Confidential Information
- Dispute Resolution
- Reporting Complaints
 - Complaints w/Regulatory Authorities

Producer FAQ's

Can I sell to customers residing in my resident state and other states (non-resident states)?

Your writing link will function for your resident state and any other non-resident state where you are appointed with us. If a customer attempts to use your link for states where you are not appointed, they will be unable to receive a quote or enroll (or it may redirect to your MGA).

Can I customize my insurance marketplace link?

The SASid insurance marketplace links (URL) have standard tools and configurations (logo, Agent information) available. Standard configurations can be provided at no charge. For more complex configurations (images, API's, etc.) please reach out to SASid for discussion. Complex configurations are provided based on opportunity size.

How do I track my sales and marketing efforts?

The SASid Partner Login tool provides extensive reporting and marketing tracking capabilities. Once you become a contracted partner, we will provide you with your login credentials to access data.

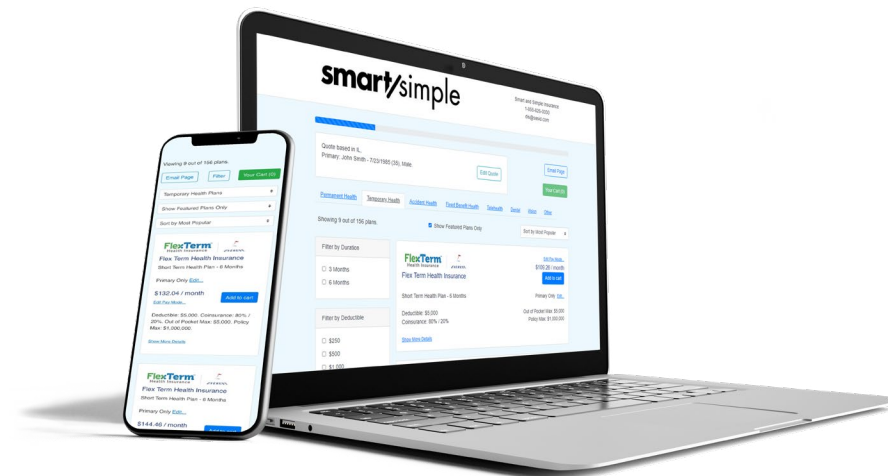
Consumer Experience

Once you have your Insurance Marketplace up and on your website. You can drive customers to your marketplace for quotes, comparison, enrollment, and instant fulfillment. They will be able to utilize the online customer service center 24/7 to access their account.

Shopping Experience: Quote, compare, enroll, and receive instant fulfillment within minutes

Customer Service Center: 24/7 access to policy information

- Access Fulfillment (ID cards, certificates, enrollment forms, and more)
- Update payments and/or pay online
- Communicate with customer service



Welcome ! insuranceTPA.com
ADMINISTRATORS
[Need to manage your payments?](#) [My Profile](#) [Logout](#)

Home [My Benefits](#) [My Inbox](#)

Flex Term Health Insurance Application [REDACTED] Started on 6/22/2021 3:17:05 PM

[Claims Info](#)

[ID Card](#) [Certificate of Insurance](#) [Application](#)

Primary Name: [REDACTED] Lynch
Effective Date: 7/1/2021
Status: Active/In Force
Member ID: FTH0 [REDACTED]
Plan:
5000 Deduct, 80/20, 5000 OOP, 1Mill Max
Your Benefit Specialist: Shannon Kennedy
1-877-279-7959
sls@sasid.com
Customer Service: Billing/Customer Service
1-800-279-2290 Opt 2
Fax: 1-608-531-2707
Claims Customer Service
1-800-279-2290 Opt 1

[View My Claims](#) [View My Payments](#) [Make a Payment](#) [Add Pay Method](#) [Update Pay Method](#)

This FlexTerm Health Insurance Plan does not qualify as the minimum essential coverage required by the Affordable Care Act (ACA). Unless you purchase a plan that provides minimum essential coverage in accordance with the ACA, you may be subject to a federal tax penalty. Underwritten by: Everest Reinsurance Company, rated A+ Superior by the A.M. Best Company (9/9/15). A.M. Best is an independent global rating organization that examines insurance companies and publishes its opinion on their financial strength. Everest Reinsurance Company, 477 Martinsville Road, P.O. Box 830 Liberty Corner, NJ 07938-0830. Benefits not available in all states at this time. Members can be enrolled only once. Duplicate or multiple memberships are not allowed. Coverage is not provided for members age 65 or over; coverage will terminate at the end of the month insured turns age 65. If coverage is cancelled, persons may not re-enroll in coverage with Everest Reinsurance Company until six months after their termination date. There is a 3% merchant account fee added to the premium for credit card and EFT processing. This coverage contains a Pre-Existing Condition Limitation. Pre-Existing Condition means a condition for which a Covered Person received medical treatment, diagnosis, care or advice, including diagnostic tests or medications, during the months prior to the Covered Person's effective date of coverage.

Contact Information

www.insurancetpa.com - Customer service and/or policy administration

Claims Correspondence

PO Box 998
Janesville, WI 53547
1-800-279-2290
Fax # 608-501-1068

Billing Correspondence

PO Box 998
Janesville, WI 53547
1-800-279-2290
Fax # 608-501-3613

Office Hours

Monday-Friday
7:00 am – 7:00 PM CST

Confidentiality: If an applicant requests assistance with benefits or claims, please have the insured contact InsuranceTPA.com directly. Due to HIPAA, InsuranceTPA.com is unable to discuss confidential information with an agent or agent assistant. We take privacy and confidentiality seriously to protect the PHI information of our customers.

www.sasid.com - Broker, Commission, Licensing, and/or technical support

1-800-279-2290
Brokerservice@sasid.com
14 N. Parker Dr.
Janesville, WI 53545

Office Hours: Monday- Friday, 8:00- 5:00 PM CST

Agent Guide Producer Acknowledgement:

I acknowledge and agree that:

1. I have read, understood, and agree with the information and instructions provided in this Producer Guide.
2. I understand Everest is the underwriting of this STM program; InsuranceTPA.com is the Administrator; and, SASid Inc. handles producer contracting. I further understand that SASid Inc. and InsuranceTPA.com are related companies.
3. This Producer Guide is an addendum to the SASid Producer Agreement and is also intended to provide summary plan related information for educational purposes. In the event of any discrepancy between this Producer Agreement document's insurance Policy or plan related information and the actual issued Policy, the Policy language will prevail.

Printed name: _____

Signature: _____ **Date:** _____

Note: You are not permitted to submit plan applications until all licensing and appointment requirements have been submitted and confirmed, you have been contacted in writing by SASid, Inc., and have been provided a unique URL for which to submit business. Upon receipt of initial business, SASid will perform a background check and if approved, will facilitate applicable state appointments.

Exhibits:

Exhibit A: Product Availability Chart

Exhibit B: Everest Advertising Policy & Procedures

Exhibit C: Everest Call Center Business Practice Due Diligence Questionnaire

Exhibit D: State Appointment Fee Chart

Exhibit E: Call Center Approved Phone Verification Script

Exhibit A:

Product Availability Chart

Visit www.SASidplans.com for latest product availability information.

Exhibit B:

Everest Call Center Business Practice Due Diligence Questionnaire

[Everest Call Center Business Practice PDF](#) on sasidplans.com

Exhibit C:

Short Term Medical: VERIFICATION SCRIPT

[START RECORDING]

Hi, my name is {Phone Verification Provider Name}. Today is {date}, the time is {Time of Call} {AM/PM}. This call is being recorded for compliance purposes, ok? I am speaking with {Name of Client}, correct? **YES to Continue, or Legal Guardian of applicant**

The information I have for you is as follows: {Name, Address, Phone, DOB, and SSN}. Is this all correct so far?

If you have any questions, please hold them to the end and I will have the agent answer them for you.

Are you purchasing this plan for yourself or someone else?

You understand that you have purchased the Everest Flex Term Health Insurance Plan and that the effective date is {Effective Date}, correct? **YES TO CONTINUE**

Have you maintained a primary residence in the US for the past 12 months or longer? **YES TO CONTINUE**

You understand that the payment taken today is for the first month's premium of {\$} and the one- time **non-refundable** enrollment fee of {\$} for a total first month payment of {\$} which, again, will be drafted on {date}.

Each month after this the payment is {\$}. You are authorizing these payments to be taken from checking/credit card {# or on file}, is that correct? **YES TO CONTINUE**

Please note that payments will be processed and noted on your account as InsuranceTPA.com

Disclosure:

I am going to read a disclosure to you now that applies to the insurance portion of the plan. You understand that your insurance is not a Discount Plan. The plan is a short-term medical insurance plan that includes benefits for doctor's visits and other benefits that were discussed with you. I hereby apply for this short-term medical plan that provides protection from new injuries and new illnesses. I understand that short term medical provides defined, limited benefits, in contrast to major medical coverage, does not meet the definition of Minimum Essential Coverage through the Affordable Care Act, and does not cover any pre-existing conditions.

Do you understand these statements as I have read them to you? YES or NO?

MUST GET A "YES" TO CONTINUE

You will also be sent an email which allows you to view all your plan details online. Make sure you take the time to review the benefits of this plan. You have a 10-day right to review.

Exhibit C:

Short Term Medical: VERIFICATION SCRIPT (Continued)

I am required to inform you that any person who knowingly and with intent, defrauds or deceives any insurance company by submitting an application or filing a claim that contains any false or incomplete information, or conceals information for the purpose of misleading the insurance company, is guilty of insurance fraud, which is a felony and subject to criminal and/or civil penalties. **Do you understand this statement as I have read it to you? YES or NO?**

MUST GET A "YES" TO CONTINUE

This plan may not be used in conjunction with any other short-term medical health plan.

You understand and agree that this short-term medical plan is NOT major medical health insurance as defined by the Affordable Care Act, is this correct? **MUST GET A "YES" TO CONTINUE**

OK – we're almost finished. Please understand that you may cancel your policy within 10 days from today and receive a refund of your first month premium only. The {\$} application fee is non-refundable.

If you submit a claim under this insurance your Policy, it will be deemed accepted and you will not be eligible for any refund. **Do you understand this statement as I have read it to you? YES or NO?**
Please write this number down:

For Billing or Claims Customer Service call: 800-279-2290 or visit our website at InsuranceTPA.com

Do you understand and agree? **MUST GET A "YES" TO CONTINUE**

This will conclude the verification.

[STOP RECORDING]

Exhibit D:

State Appointment Fee Chart

PA and MT (4-2021) are Pre-appoint states (also known as restricted states) that require a producer to have an approved and effective state appointment with the insurance carrier PRIOR to signing or dating a new business application in that state.

Most states can be JIT (Just in time) Appointments – Appointment must be submitted within 15 days (14 days CA) of the date the agent/agency contract is executed, or the first piece of business is accepted by the carrier.

| State | Agent Fee (Resident) | Agent Fee (Non-Resident) | Agency Fee (Resident) | Agency Fee (Non-Resident) |
|-----------------|-------------------------|-----------------------------|--------------------------|------------------------------|
| Alabama | \$40.00 | \$40.00 | \$40.00 | \$40.00 |
| Arizona | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Arkansas* | \$20.00 | \$60.00 | \$20.00 | \$60.00 |
| Florida** | \$60.00 | \$60.00 | \$0.00 | \$0.00 |
| Georgia | \$16.00 | \$16.00 | \$0.00 | \$0.00 |
| Illinois | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Indiana | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Kentucky | \$40.00 | \$50.00 | \$100.00 | \$120.00 |
| Louisiana | \$30.00 | \$30.00 | \$100.00 | \$100.00 |
| Mississippi | \$25.00 | \$25.00 | \$0.00 | \$0.00 |
| Missouri | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Nebraska | \$8.00 | \$8.00 | \$0.00 | \$0.00 |
| Nevada | \$15.00 | \$15.00 | \$15.00 | \$15.00 |
| North Carolina | \$10.00 | \$10.00 | \$0.00 | \$0.00 |
| Ohio | \$15.00 | \$15.00 | \$15.00 | \$15.00 |
| Oklahoma | \$30.00 | \$30.00 | \$30.00 | \$30.00 |
| Oregon | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| South Carolina* | \$40.00 | \$40.00 | \$0.00 | \$0.00 |
| South Dakota | \$10.00 | \$20.00 | \$10.00 | \$20.00 |
| Tennessee | \$15.00 | \$15.00 | \$0.00 | \$0.00 |
| Texas | \$10.00 | \$10.00 | \$10.00 | \$10.00 |
| Virginia | \$10.00 | \$10.00 | \$10.00 | \$10.00 |
| West Virginia | \$25.00 | \$25.00 | \$0.00 | \$0.00 |
| Wisconsin | \$16.00 | \$30.00 | \$16.00 | \$30.00 |
| Wyoming | \$15.00 | \$15.00 | \$15.00 | \$15.00 |

Exhibit E:

Everest Advertising Policy & Procedures

[Advertising Policy & Procedure PDF](#) on [sasidplans.com](#)