



Brokers Quick Start Sales Training Manual

How To Sell The HMA® In 3 Easy Steps

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The HMA® is not health insurance.

How To Sell The HMA® In 3 Easy Steps

Step 1: Establishing The Need And Preparing Yourself For The Sale

When you initially begin discussing the Health Matching Account (HMA®) with your clients two great resources to share with them are the HMA® Client Brochure and the 6-minute "HMA® Introductory Video" located in the HMA® Explanation Videos section of the HMAS® website.

The best way to close your clients on the spot when you are in front of them is to set up your computer screen so that your clients can see the HMA® enrollment page and then have other tabs open on your browser as well so that you are prepared to switch later in the presentation to the HMA® Medical Benefit Growth Ladder and your HMA® Member Portal. In this way, you can show them just how well the HMA® works and how your own HMA® medical benefits have been growing. You can also go over the plan options and Medical Benefit Growth Ladder with your clients by using the HMA® Trifold Brochure.

Your job is to make sure your clients understand what their needs are so you can show them the value of the HMA®. It starts with preparation. It is vital to ask them the right questions so that they understand why they need to have this product. After reviewing these questions with your clients, you should be able to easily establish what HMA® plan level is best for them:

1. *"How would you like to save up to 50% or more on all of your out-of-pocket, health care costs?"*
2. *"How do you plan on paying for your potential medical costs that could arise that are not covered by your health insurance or Medicare plan in most cases (copays, deductibles, coinsurance, annual out-of-pocket maximums, dental, vision, etc.)?"*
3. *"Do you know what your annual health insurance deductible, coinsurance, copays and out of pocket maximums are on your current health plan?"*
4. *"Are you concerned that there may be medical procedures and other benefits that you may want or need that are NOT covered by your existing health plan such as dental and vision?"*
5. *"If money was not a deterrent or issue, what kind of elective medical treatments would you like/ need to have access to (e.g.: plastic surgery, fertility treatment, lasik, dental procedures, etc.)? Now, with the HMA®, you can consider medical services that you always wanted but never thought you could afford before."*

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Step 2: Explain How It Works

Now that you have successfully established the need for the HMA[®] with your clients, you must simply and efficiently explain to them how the product works. The most effective way to do this is to present the chart showing the plan options (below) and then show them the HMA[®] 10000 Medical Benefit Growth Ladder (page 4).

HMA[®] Product Options

PRODUCT OPTION	PARTICIPANT MONTHLY CONTRIBUTION	PARTICIPANT 35-MONTH TOTAL CONTRIBUTION	HMA [®] 35-MONTH MEDICAL BENEFITS MATCHED	35-MONTH TARGET MEDICAL BENEFIT CAP
HMA [®] 2500	\$40.00	\$1,400.00	\$1,100.00	\$2,500.00
HMA [®] 5000	\$84.00	\$2,940.00	\$2,060.00	\$5,000.00
HMA [®] 7500	\$113.50	\$3,972.50	\$3,527.50	\$7,500.00
HMA [®] 10000	\$140.00	\$4,900.00	\$5,100.00	\$10,000.00
HMA [®] 15000	\$198.00	\$6,930.00	\$8,070.00	\$15,000.00
HMA [®] 20000	\$251.00	\$8,785.00	\$11,215.00	\$20,000.00
HMA [®] 25000	\$303.00	\$10,605.00	\$14,395.00	\$25,000.00
HMA [®] 30000	\$370.00	\$12,950.00	\$17,050.00	\$30,000.00
HMA [®] 40000	\$485.00	\$16,975.00	\$23,025.00	\$40,000.00
HMA [®] 50000	\$605.00	\$21,175.00	\$28,825.00	\$50,000.00
HMA [®] 60000	\$725.00	\$25,375.00	\$34,625.00	\$60,000.00

* Monthly contribution amounts vary based on the contribution and number of family members on the plan. The HMA[®] 2500 and the HMA[®] 5000 have no additional charges, but starting at the HMA[®] 7500 level additional charges applied are \$5 per month for the first dependent and \$10 additional per month for the second or more dependents. Both spouses of a household are permitted to purchase their own individual HMA[®] plans, but if they wish to have their children under age 26 covered as well, they need to be added during enrollment on one of the plans.

Broker Sales Tips

- 1. Guaranteed Medical Benefit Matching:** Explain that the HMA[®] matching of medical benefits is guaranteed and show how much is matched leading to the \$2 for every \$1 contributed over 35 months. Starting with the HMA[®] 10000 level and higher, the match in medical benefits awarded is more than \$2 for \$1 over 35 months.
- 2. Add On Spouses And Dependents:** Emphasize how great of a deal it is to add on spouses and dependents for \$5 and \$10 (\$15 total for the entire family). Both spouses of a household are permitted to purchase their own individual HMA[®] plans, but if they wish to have their children under age 26 covered as well, they need to be added during enrollment on only one of the two plans.
- 3. Double Your Clients' Deductibles:** One mistake that brokers make which you must avoid is giving their clients too many HMA[®] plan product options to consider. That's why it is imperative for you to propose a HMA[®] contribution level that suits your clients' needs. After listening to you explain how the product works, some of your clients may think they know what HMA[®] plan level they want, but they will need guidance from you. The safe rule to always revert back to when advising your clients on a HMA[®] plan level is to "Double Your Health Insurance Deductible." In this way, once your clients reach their target medical benefit cap, they can have the security of knowing that in a worst-case scenario, if serious medical issues persist, the HMA[®] will have their out-of-pocket, medical needs covered for at least two consecutive years.

Example 1: If your client currently has a \$5,000 health insurance deductible, you should recommend that they at least purchase the HMA[®] 10000 plan.

Example 2: If your client currently has a \$10,000 health insurance deductible, you should recommend that they at least purchase the HMA[®] 20000 plan.

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HMA® Medical Benefit Growth Ladder

HMA® 10000 Level Illustrated

Woody's HMA® Paid-Up Available Medical Benefits Before Woody's Broken Leg	\$10,000
Total Cost To Treat Woody's Broken Leg	-\$4,600
Woody's Remaining HMA® Available Medical Benefits After Woody's Broken Leg	\$5,400

Woody Pays Back In As Little As \$1,540 To Earn Back The \$4,600 Cost Of His Broken Leg And Get Back To His \$10,000 Target Medical Benefit Cap.

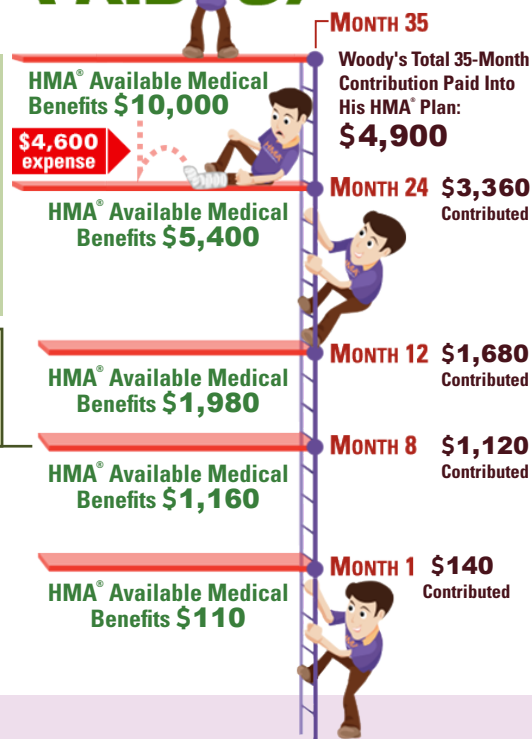


Meet HMA® Customer
Woody

* By month 8, Woody's HMA® available amount of medical benefits exceed his total contribution paid in, and the monthly match of medical benefits above and beyond what he contributes continues to increase every month forward

- Available Medical Benefits Are Permitted To Carry Over Year-To-Year.
- No Further Participant Contributions (Only Maintenance Fees Are Required) By The Participant Once HMA® Plan Reaches The Target Medical Benefit
 - * Illustration Assumes No Medical Expenses Filed
 - * Sample Maintenance Fees Included
 - * Monthly Contribution Amounts Vary Based On The Number Of Family Members On The Plan.

PAID UP



Broker Sales Tips

- 1. The Vanishing Maintenance Fees:** Explain to your clients how during the first year that the effect of the maintenance fees disappears somewhere between the third to the seventh month depending on plan level. By the eighth month in this example, the plan already has more in available medical benefits than what has been contributed and continues to grow over time. **Remind your clients that the maintenance fees are actually a good thing because they serve as an opportunity cost to guarantee that they will continue to receive all of these important medical benefits regardless of age or health condition including the monthly matching on their contribution that increases each and every month.**
- 2. Feel the Power Of The Monthly Match:** Emphasize the savings that can be realized and the power of the "Match" towards the end of the program and show them in this example that it takes a mere \$1,540 of contributions over 11 months to earn back the \$4,600 of lost medical benefits due to the payment for the broken leg.

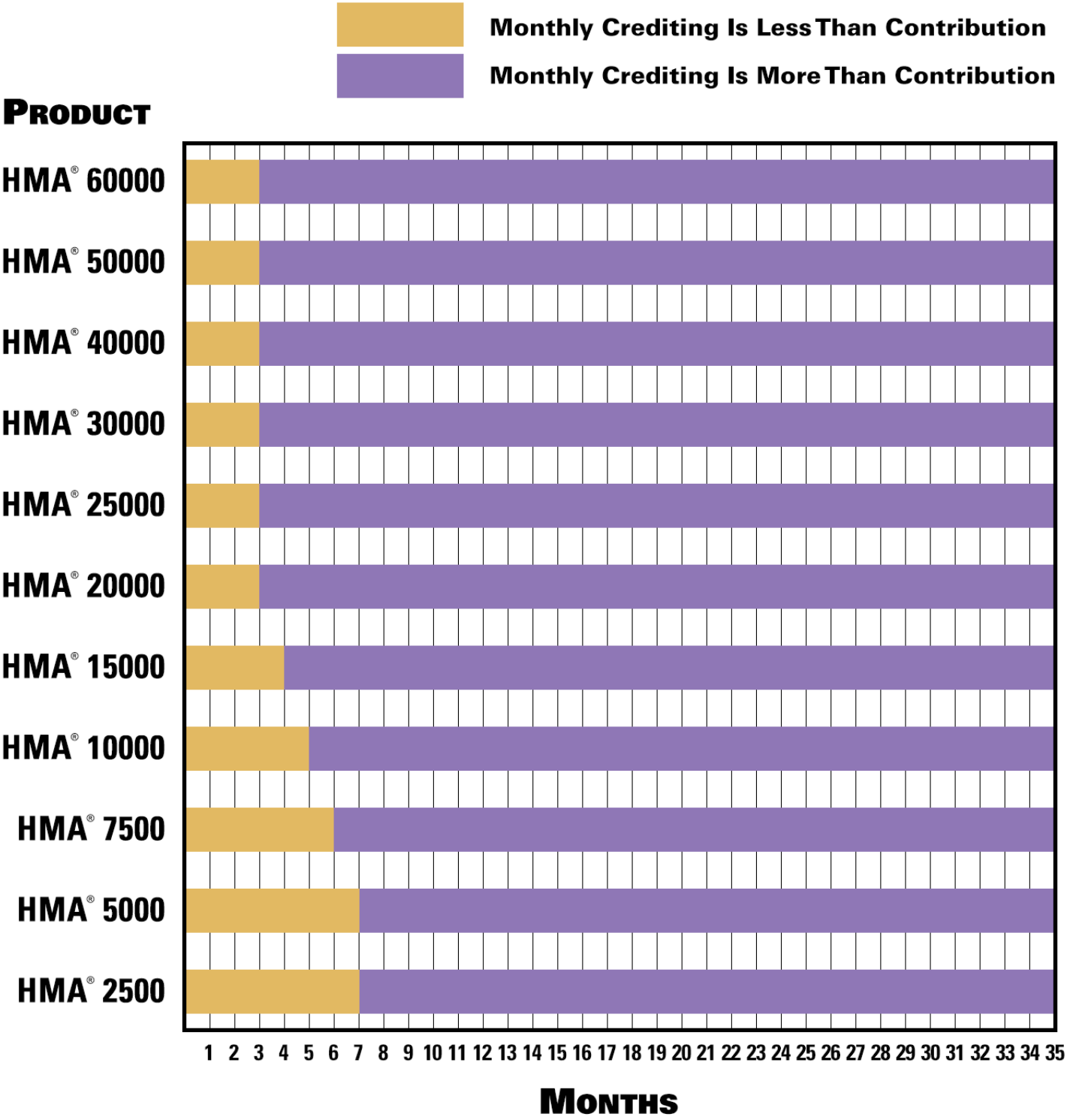
Step 3: Show Your Clients What's Covered

In order to cinch your HMA® sale, after you have established the need for the HMA® with your clients and explained how the program works, don't forget to go over the many covered services with your clients so that they truly understand and see the big picture of how much good the HMA® will do to save them significantly on nearly all of their out-of-pocket, medical expenses over time.

- Elective Procedures (Lasik, Plastic Surgery, etc. With MD Surgeons Only)
- Ambulance Services
- Chiropractors, Podiatrists
- Chiropractors (2 routine adjustments per month, \$150 max)
- Counseling Service - Performed By PsyD Or PhD
- Dentists, Orthodontists
- Drug Stores, Pharmacies (No Sundries/ Reimbursement Only On Grocery Store Pharmacy Purchases)
- Hearing Aid - Sales, Service, Supply Stores
- Hospitals
- Hospital Equipment
- Laboratory / Medical / Dental / Ophthalmic
- Medical And Dental Laboratories
- Opticians, Optical Goods And Eyeglasses
- Optometrists, Ophthalmologists
- Prosthetic Devices
- Osteopathic Physicians

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Explanation Of HMA® Maintenance Fee Chart



This chart analyzes each HMA® product. It illustrates at what month over the 35-month plan horizon that HMA® owners who are making their monthly payments will receive more in matching medical benefits than what was paid in that month including maintenance fees given that no prior medical claims were paid for with their plan. As you can see, it does not take very much time (typically 3-4 months on most funding levels) for the matching of medical benefits to start exceeding what was contributed. From that point forward, the matching accelerates so quickly that by Month 35, the HMA® owner is receiving up to \$3 or more in medical benefits for every \$1 contributed that month in order for the plan to reach its target medical benefit cap level by Month 35 (given no prior medical claims).

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Most Common HMA® Questions From Your Clients

There are two popular topics that your clients may bring up to you before agreeing to purchase the HMA®. Be prepared for these questions because they are very easy to explain:

#1: Monthly Maintenance Fees

- **Vanishing Maintenance Fees:** The HMA® maintenance fees should be described to your clients in a positive light as the opportunity cost to secure all of these valuable and guaranteed medical benefits. The early effect of maintenance fees is only felt for a small portion of the 35-month program (3-7 months max depending on contribution level). For approximately 90% of the 35 months, your client is always receiving more in medical benefits matched into their plans than what was contributed that month.
- **HMA® Is Community Rated:** This means that there are no underwriting requirements, and everyone is getting charged the same amount regardless of age or health. The maintenance fees are a good thing to help guarantee the benefits provided by the HMA® for people of all ages and health conditions.
- **Explanation Of HMA® Maintenance Fee Chart:** Present this chart found on the broker portal or the member portal to your clients that breaks down at what month the medical benefit matching exceeds the monthly contribution for each HMA® plan.

#2: This Program Seems Too Good To Be True

- **Patented And Trademarked Product:** Nobody else can duplicate the HMA®, and it is not available anywhere except through Health Matching Account Services (HMAS®).
- **Program Designed By One Of The Top Actuarial Firms In The World:** Utilizes in-depth analysis of how medical expenses occur to determine the monthly matching of medical benefits.
- **HMA® Medical Reimbursement Card: It Is Important** to notify your clients that a debit card will be mailed to them following enrollment in an unmarked white envelope for security reasons and that your clients will use the card by simply swiping or inserting it at the point of service.
- **No Cash Value In The Program:** The HMA® is not a financial vehicle, so therefore, there is no cash value associated with it. The HMA® Medical Reimbursement Card is used for medical services and can only be swiped for Approved 213(d) Medical Expenses And Other Approved Qualifying Medical Expenses. The HMA® provides your clients with paid-up medical benefits NOT cash. If your client cancels their HMA® plan they will no longer have access to any medical benefits regardless of the amount of medical benefits they have accrued in their plan at the time of cancellation.

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Other Important HMA® Broker Sales Reminders

- 1. The HMA® Is Inheritable:** In the event of the primary plan holder's death, HMA® Services will pay the hospital directly for end-of-life medical bills with proof provided to HMA® Services of a final bill of Eligible Medical Expenses not covered by insurance or other non-insurance health plans within 90 days of the primary plan holder's death.
When the primary plan holder dies, the remaining HMA® medical benefits will be transferred in full to the surviving legally married spouse if they are listed and covered under the existing plan and if they continue to make the required monthly payments. Only a legally married spouse can be transferred the full HMA® medical benefit. If legally married spouses have separate individual plans, they cannot list each other as beneficiaries, and they cannot list the same beneficiary.
If both spouses are deceased, 1/3 of the remaining medical benefits can be transferred to one (1) designated beneficiary over the age of 18 by the primary plan holder if they complete and submit to HMA® the "HMA® Beneficiary Transfer Form" located in the Resources section of the member portal and appoint a designated beneficiary before they die who must also continue to make the required monthly payments. If the primary plan holder is single and does not have a legally married spouse, 1/3 of the remaining medical benefits can be transferred to one designated beneficiary over the age of 18 by the primary plan holder if they complete and submit to HMA® Services the "HMA® Beneficiary Transfer Form" located in the Resources section of the member portal and appoint a designated beneficiary before they die. If the current beneficiary dies while the primary plan holder is living, the primary plan holder will be permitted to appoint and switch to a new beneficiary as long as the primary plan holder does so before they die.
The designated beneficiary is not required to assume the plan but must notify HMA® of their intention to assume ownership of the plan within 60 days of the death of the primary plan holder and must continue to make the required HMA® monthly contribution payments in order to keep their plan in force. If the beneficiary does choose to assume ownership of the plan, they are not permitted to scale down to a lower monthly contribution plan than what the deceased primary account holder was on for the first two years after they inherit it and begin to make monthly contributions (Ex: If your client was on the HMA® 20000 plan with a current medical benefit of \$18,000 at the time of death, the designated beneficiary would assume \$6,000 in medical benefits and must continue to pay the required monthly contribution into their HMA® 20000 plan for at least 24 months before they would be permitted to scale down to a lower HMA® plan level). However, the designated beneficiary is permitted to scale up to a higher monthly contribution plan at any time. You as the broker will not be paid additional commission when your clients' beneficiaries assume ownership of their HMA® plans.
- 2. Claim Automation:** Health Matching Account Services, Inc. is always striving for ways to improve our program and make all aspects of it more convenient and user friendly for our members. Not every medical provider has the correct merchant category code (MCC) in place that pertains to the service they provide, so therefore there are times when HMA® Visa® card will not process for that payment. Therefore, we are providing our clients with a fast and convenient claim reimbursement process through the HMA® member portal in order to submit eligible medical expenses that could not be paid with your HMA® Visa® card.
Tell your clients to please refer to their HMA® Member Contract for eligible claim reimbursements under Section 1.1 "Eligible Medical Expense" on page 3 and Section 1.11 "Eligible Medical Provider" on page 5. All claim reimbursement requests must be paid in full showing a \$0 balance when uploading an itemized paid receipt to the member portal. The paid itemized receipt must match the dollar amount requested on the reimbursement claim form. Prescriptions must have a Rx number to be covered, and no over the counter products are covered. Each claim reimbursement must be submitted separately. When submitting their first claim reimbursement through their HMA® member portal, your clients will be prompted to add a bank account as a payment method so that HMA® can automatically submit reimbursements to your clients by ACH within 30 days of the claim being originally submitted once the claim is reviewed and approved for reimbursement.
- 3. Rules On Scaling Down HMA® Plan Levels:** Let your clients know that it is important to choose the right HMA® monthly contribution plan during their enrollment because they will not be able to scale down to a lower monthly contribution plan for two years following their enrollment. However, they will be able to scale down to a lower monthly contribution plan every 24 months following that first two years.
- 4. Rules On Scaling Up HMA® Plan Levels:** A great benefit and convenience of the HMA® program is that your clients are permitted to scale up to a higher HMA® monthly contribution plan level at any time.
- 5. How To Use Your Client Enrollment Link:** The best way to close sales is to sign your clients up on the spot. It's ok to enroll your clients on your computer, but you must provide their email address. Remember, it's never a good idea to just send your clients your HMA® enrollment link because you need to personally communicate and explain the program to them. It's best to be on the phone with them if enrolling remotely because it only takes a few minutes and you want to be sure they enroll correctly and answer any questions they might have.
- 6. Additional HMA® Sales Training And Marketing Materials:** For additional, comprehensive HMA® training, log into your broker portal and view any of the past Monday Night Live HMA® Sales Trainings that have been uploaded. These sales trainings cover a vast variety of topics and are invaluable to help train you on all specifics of the HMA® program as well as provide you with the blueprint of how to best introduce the HMA® to your clients. In addition to your digital HMA® Broker Sales Kits that you receive, you can also download marketing materials from your broker portal and complete the HMA® Supply Order Form to receive hard copy versions to give to your clients.
- 7. Whitelisting:** The whitelist card swiping program is yet another enhanced, customer service feature for your clients that we have put in place to make it simple and easy for them to make sure that their HMA® cards work at all of their approved and recurring medical providers. Our whitelist card swiping program allows us to approve eligible medical expenses that are initially declined when the provider does not have the correct merchant category code (MCC) that pertains to the service they provide when the HMA® Visa® card should seemingly be able to be used for payment.
When your clients have a declined transaction on their HMA® Visa® card at the point of sale (and not an online or virtual payment), tell them to not leave their provider and immediately call our whitelist hotline at 713-357-4733 to find out if their medical provider is eligible to be whitelisted. If their eligible medical provider is whitelisted, they will be immediately put in our system, and they will be able to use their HMA® Visa® card there both that day and in the future.
- 8. What Medical Services Are Not Covered In The HMA® Program:**
 - A. Drugs, alcohol or any rehabilitation facilities
 - B. Over the counter medicine including non-Rx prescriptions
 - C. Non-prescription purchases at pharmacies
 - D. Payments to medical collection agencies and any provider asking for payments past 30 days of the date of service or 90 days for a hospital service
 - E. Health care financial consultants
 - F. Massage therapy
 - G. Acupuncture
 - H. Naturopathic medicine
 - I. Supplements and non prescription vitamins
 - J. Elective procedures not performed by an MD
 - K. Payment plans for outstanding medical bills
 - L. Annual, semi-annual or quarterly membership fee payments for Direct Primary Care or Concierge Medical Services
 - M. Covid tests whether prescribed or not prescribed by an MD
 - N. Cosmetic or other elective procedures not performed by Medical Doctors (MD), Doctor of Osteopathy (DO), Doctors of Psychology, Dentist (DDS or DMD), Optometrists (OD), Podiatrists (DPM)
 - O. Payment plans set up for outstanding past, present or future medical bills

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The medical and Medicare costs covered are subject to specification.

*The HMA® Medical Reimbursement Visa®
Prepaid Commercial Credit Cards are issued by Celtic Bank.

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