RITTER
Insurance Marketing®

A Quick Guide to

Cross-Selling Ancillary Insurance with Medicare Products

Cross-selling ancillary insurance to Medicare beneficiaries can help you meet more of your clients' needs, build client loyalty, and grow your book of business and commissions. We're giving you a primer on the most popular types of ancillary products for Medicare clients, including what they are, their ideal clients, how to pitch them, and more!

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Chapter 1

Intro to Ancillary Insurance

Your Medicare clients could benefit from purchasing additional coverage. Why not be the one to offer it to them?

What Is Ancillary Insurance?

Simply put, ancillary insurance is "extra" insurance. Think of it as insurance that fills in the coverage gaps of primary health insurance plans, whether they're Medicare or under-65 health plans!

The Types of Products

Below are some examples of ancillary insurance products that can supplement Medicare coverage. You can sell all these types of plans if you wish. A single client may be able to benefit from having multiple ancillary insurance policies!

- Hospital Indemnity
- Dental, Vision, and Hearing
- Cancer
- Cancer, Heart Attack and Stroke
- Critical Illness
- Short-Term Care
- Long-Term Care

Why Sell Ancillary Products to Medicare Beneficiaries?

Many Medicare clients don't realize that Original Medicare, Medicare Advantage (MA), and Medicare Supplement (Med Supp) plans don't offer much coverage for basic needs, like hospital stays, preventative and routine dental, vision, and hearing exams and supplies, common critical illnesses, and extended care. When you offer ancillary plans, you can protect your Medicare clients from incurring high out-of-pocket costs while adding a ton of value to your business!

Reasons to sell ancillary insurance

Compliance Note: You CANNOT sell ancillary insurance plans at a Medicare sales appointment UNLESS your client has checked off a related box on their Scope of Appointment form — IF there is one (hospital indemnity and dental, vision, hearing insurance). Fortunately, agents and clients can complete same-day Scopes of Appointment!

Cancer, heart attack and stroke, critical illness, STC, LTC, accident, and disability income insurance do not have a checkbox on SOAs; therefore, the best time to sell these products is at follow-up appointments or check-ins outside of primary coverage enrollment periods.

Chapter 2

Hospital Indemnity

Just a few days in the hospital could cost a Medicare beneficiary thousands in out-of-pocket costs, but it doesn't have to with extra protection.

What Is Hospital Indemnity Insurance?

Hospital indemnity insurance is a product that provides beneficiaries with a pre-determined benefit that is paid directly to them when they are hospitalized. Because the benefit is provided directly to the policyholder, there aren't any network restrictions. Additionally, policyholders can add riders to these policies that also cover cancer, ambulance, or skilled nursing related costs!

Lump-sum options could be available to reduce the maximum out-of-pocket costs or cover deductibles entirely. (Some plans give up to a $3K benefit!) Beneficiaries may be able to use the benefit to pay for anything they wish, depending on the policy. Often it can help cover:

- Deductibles
- ER visits
- Observation stays
- Surgeries
- Medications
- Transportation
- Lodging
- Health screenings

Who Is the Ideal Client?

People of any age can enroll in hospital indemnity insurance, but it's not a good fit for everyone. Specifically, consider enrollees who have $0-premium MA plans and Medicare Medical Savings Account (MSA) plans. Since low- or $0-premium MA plans typically have high inpatient hospital copays, extended hospital stays can be very expensive for their enrollees. And if an MSA policyholder is unexpectedly hospitalized before reaching the deductible, they'll owe a lot of money at once. A hospital indemnity plan can help in these situations.

Ideal clients for hospital indemnity plans:

- $0-premium MA enrollees
- Low-premium MA enrollees
- Medicare MSA enrollees

How to Pitch It

Though they can be sold year-round, the best time to discuss hospital indemnity plans with your clients is during their open enrollment (if the client has selected this product on their Scope of Appointment) or after open enrollment at follow-up appointments. As you check in with your clients, remind them how a hospital indemnity plan can protect them against high inpatient hospital costs.

1. Review your client's current benefits

Make sure your client understands what hospital-related costs their current or desired plan does and doesn't cover (e.g., observation stays, hospital stays, ambulance rides, etc.). Then, explain the out-of-pocket costs they could be held responsible for if medical problems arise. Doing so creates a great opportunity for you to bring up hospital indemnity plans, if you can discuss them compliantly.

2. Bring up hospital indemnity plans

Try *tactfully* asking your client thought-provoking questions about how they'd be able to handle paying for a medical emergency. Questions like these can increase their willingness to hear what you've got to say:

- *Would you say you live on a fixed income?*
- *Would you be able to afford a visit to the hospital?*
- *How about a hospital stay lasting a few days?*

3. Help your client weigh their options

Be prepared to help your client answer perhaps the biggest question that will be on their minds: *Is it really worth having hospital indemnity insurance?* Have your client consider the cost of having hospital insurance and that of forgoing it. Many Medicare eligibles are attracted to MA plans because of their extra benefits and low, or nonexistent, premiums. While appealing for those reasons, $0-premium MA plans have high copays and high deductibles. They can also have annual out-of-pocket limits as high as $6,700. A tab like that can spell big trouble for MA enrollees who require medical attention.

For someone 65 to 84 years old, the **mean length of a hospital stay is 5.2 days** and the mean cost of a stay is $13,000. Even with health insurance, it can be tough for a client to afford their payments, especially if they're living on a fixed income or miss work due to their illness or injury. The annual premium for a hospital indemnity plan for a senior can be as little as $400. Going to a hospital in an ambulance and staying there for one day will likely exceed that cost tenfold in hospital bills. Let your client know this extra protection could truly pay off.

Do you sell $0-premium MA and Medicare MSA plans? Learn why you should add them to your portfolio, their ideal clients, and more in *The Complete Guide on How to Sell Medicare Advantage*. Download it for free at **RitterIM.com/Medicare-Advantage-eBook**.

Chapter 3

Dental, Vision, & Hearing

Receiving preventative, routine, and emergency dental, vision, and hearing care is critical to one's overall well-being, but many of these services aren't covered by Medicare plans. Good thing that there are other plans designed to meet these needs!

What Is Dental, Vision, Hearing Insurance?

Dental, vision, and hearing (DVH) insurance is a type of product that provides coverage for preventative, routine, and emergency DVH services and supplies. It's something that many of us grow up with and get through an employer, whether it's our own or a parent's or a spouse's. There are plans that offer coverage for just dental or just vision, as well as plans that offer a combination of coverage for two (dental and vision) or all three of these types of services. Many plans have a deductible, set allowances for exams or supplies, cost-sharing, and scaled benefits that increase from one year to the next.

What can it help cover?

- Dental, vision, and hearing exams
- Dental cleanings, fillings, and crowns
- Glasses or contacts
- Hearing aids

Who Is the Ideal Client?

Traditional Medicare and Med Supps simply don't cover basic DVH exams and services, meaning anyone with this type of coverage could benefit from purchasing a DVH plan. Additionally, while MA plans do offer some DVH coverage, it isn't extremely comprehensive; therefore, MA enrollees could benefit from having a DVH plan as well.

Ideal clients for DVH plans:

- Mainly Traditional Medicare/Med Supp enrollees
- MA enrollees could benefit too

How to Pitch It

Since your clients are probably used to going to the dentist and eye doctor regularly for preventative care and more, it shouldn't be too difficult to convince them of the value of having DVH insurance.

1. Introduce DVH insurance

Following up with a Medicare client? After you ensure they're still satisfied with their current coverage, try asking these questions:

- *Do you regularly visit the dentist or eye doctor?*
- *Do you have coverage to help pay for those types of visits?*
- *Who do you have your dental/vision insurance with?*

It's even easier to bring up DVH insurance if you see your client wearing glasses or a hearing aid. For example, you can try this simple approach: "I noticed you're wearing glasses. May I ask, when it comes time to replace them, will you have to pay out of pocket, or do you have an insurance plan that will help with the costs?"

2. Find out what DVH coverage your client has (or thinks they have)

If you haven't, ask your client what DVH coverage they have and who they have it through. This step is extremely important because your client may falsely believe that Medicare covers preventative and routine DVH services (e.g., exams, cleanings, fillings, and major services like root canals), when it only covers "medically necessary" services. If they have a DVH plan, or multiple plans, ask them if you can check if they're enrolled in the best one(s) for their budget and needs. Let them know you just want to make sure that there isn't a plan for a better price or one with better benefits, based on their needs.

3. Educate your client on the value of good DVH coverage

Let your client know that good DVH coverage is important because it can help them maintain healthy teeth, eyes, and ears. Also, inform them there's even evidence that good oral health and eye health can be linked to good overall health!

Make sure they're aware of the average costs of certain DVH services and how paying for a plan can actually be more budget-friendly than paying for services out of pocket. And while you're at it, tell them about some common benefits of DVH plans:

- Coverage for routine dental services and most dental supplies (e.g., cleanings, exams, fillings, extractions, etc.)
- Coverage for routine eye and hearing exams and treatments
- Network savings available for reduced service fees
- The freedom to choose the provider of your choice
- A calendar-year maximum benefit to pay for services
- No underwriting required for guaranteed issue plans

Chapter 4

Cancer, Heart Attack and Stroke, & Critical Illness

While someone is in a fight against a critical illness, the last thing they should have to worry about is if they have enough money to fund the battle. Let your clients know about plans that can provide them peace of mind during these difficult times.

What Are Cancer, Heart Attack and Stroke, & Critical Illness Insurances?

In most cases, cancer, heart attack and stroke, and critical illness insurances provide a lump-sum payment or graded benefit following the diagnosis of any critical illness listed in the policy. Funds are paid directly to the insured (not doctors or hospitals) and can be used for any purpose. Some plans provide a per-day benefit for surgery or other procedures and can help stabilize household finances during an incredibly stressful time. Someone looking for this type of coverage can often purchase a stand-alone cancer plan; a cancer, heart attack and stroke plan; or a critical illness plan.

Did you know? Sometimes we hear agents say that a client's medical insurance should largely cover their medical costs. While this may be true, especially for those who have a Med Supp plan, it will not cover all of a beneficiary's drugs and treatments (e.g., experimental treatments). And, it certainly won't cover all of the non-medical, indirect costs associated with these conditions (e.g., travel, loss of productivity and income, childcare, etc.). If the beneficiary needs to take an extended leave of absence from work to get treatment, their family may be down one income — two if their spouse or partner also takes off work to offer support.

Who Is the Ideal Client?

Really, most people you come across could benefit from cancer, heart attack and stroke, or critical illness insurance (e.g., under 65, over 65, families, children, and individuals). According to the American Cancer Society, about half of all men and one-third of all women will develop cancer at some point in their lifetime. The American Heart Association and American Stroke Association estimate that, every year, approximately 805,000 heart attacks occur and about 795,000 individuals have a stroke. They also project that 45 percent of Americans will have some form of cardiovascular disease by the year 2035. All that said, we'd suggest pitching these plans to your clients who state they have a family history of these diseases, since there may be genetic factors associated with them.

Ideal clients for cancer, heart attack and stroke, or critical illness plans:

- Any Medicare client
- People who have a family history of these conditions
- People whose lifestyle increases their risk for these conditions (e.g., if someone is a smoker or is obese)

These policies are usually simplified issue up to $50K of benefit. For a benefit amount higher than that, the underwriting gets a little more tedious. (Simplified issue means that, as long as a client can answer "No" to all of the questions on the application, the client should qualify for the policy.)

How to Pitch It

When you consider the statistics, it's evident cancer, heart attack and stroke, and critical illness plans are valuable. But despite their growing significance, you may find that your clients or prospects are unaware they have these options. Presentation could be as simple as having literature at the end of an appointment.

1. Ask your client if they've considered cancer/critical illness protection

Asking "By the way, have you thought about critical illness?" is a good way to learn more about your client's family health history and open the door to additional fact finding. Do certain conditions run in the family? Usually, your client will see the value of critical illness protection, but it's up to you as an agent to show them how having that extra money to fight unexpected illness can be a true lifesaver.

What can you ask to comfortably bring up these products?

- *Do you know anyone who's been diagnosed with cancer or who's had a heart attack or stroke? May I ask who?*
- *Do you remember if they had any difficulties paying for treatments or if they had any additional expenses that were not covered by insurance (i.e., travel, lodging, covering lost pay)?*
- *How would you and your family pay bills if you received a cancer or critical illness diagnosis?*

2. Be prepared to counter objections you may hear

Nobody wants to pay for something they might not use, and people *really* don't like thinking they might be someone who has to deal with these maladies when they get older. As you're making your pitch, you may hear some common objections to this type of insurance. It's possible to keep the conversation moving forward when you familiarize yourself with them and how you can respond to them.

Objection: I don't think it's worth it to purchase a policy.

Solution: Tell your client the harrowing odds of developing cancer or having a heart attack or stroke. Also, make sure your client is aware of the different costs that they can incur from diagnosis to recovery. For example, with traditional Medicare, clients are on the hook for 20 percent of costs incurred from outpatient cancer treatments, such as radiation and chemotherapy, which can be extremely costly. Many times, a client's primary health insurance will not cover experimental treatments. In addition, many indirect costs are not immediately apparent. For instance, people who

are battling cancer often lose a lot of weight and their hair, depending on the treatment chosen. There is the possibility they will desire to buy new clothes, wigs, or scarves for their appearance. They may also need to pay for additional expenses such as:

- Deductibles
- Prescriptions
- Rehab
- Transportation
- Lodging
- Special food
- Loss of productivity (e.g., need to hire a housekeeper or babysitter)
- Loss of income

Their existing bills won't stop either. Expenses such as mortgage payments, car insurance, loans, etc. will continue to be charged. A lump-sum payment from a cancer or critical illness plan could help pay for all these types of expenses and more! If your client is still on the fence, ask them where they would find the money to cover these costs if needed. You could also inform them about their return of premium options.

Objection: I can't afford a policy.

Solution: Check if your client is paying too much for their current insurance policies or if they have gaps in their policies that could be costly. If your client doesn't seem interested, ask them, "If you can't afford $25, how do you plan on paying the high medical bills and associated costs if a diagnosis happens?" Try explaining how the benefits outweigh the premiums. If a client has a $30,000 cancer policy, with a premium of $40 a month, it would take them 62.5 years to reach that policy benefit in premiums paid. If that doesn't sound like a good investment, how about offering a return of premium rider for the policy?

Chapter 5

Long-Term Care

Qualifying for nursing home and assisted living facility benefits can be difficult under Medicare. Long-term care insurance can help protect your clients' retirement savings, if they should need extended care.

What Is Long-Term Care Insurance?

Long-term care insurance (LTCi) is a type of insurance that provides coverage for long-term services and support, whether it's medical or custodial in nature. There are several different types of LTCi products, from traditional plans to hybrid life or annuity LTCi plans. Covered services and support may occur in one's home or in a public facility, such as a nursing home or assisted living facility. One important thing to note about this type of insurance is that rates are based on gender, with women paying more for LTCi than men. This is because women tend to live longer than men and file more LTCi claims.

Types of LTCi products:

- Traditional stand-alone LTCi (can add riders)
- Life insurance/LTCi combination products
- Annuity/LTCi combination products
- Life insurance + LTC or chronic illness riders

Who Is the Ideal Client?

Most LTCi buyers don't think about purchasing LTCi until later in life as they're preparing for life post-retirement. Many people who purchase LTCi tend to know someone, such as a parent, grandparent, or friend, who has received LTC. Because of their exposure to the costs of LTC and the risk and reality of needing it, they're likely more open to buying an LTCi policy. Additionally, research shows women are more likely to be both caregivers and care recipients and to live longer than men. These qualities make LTCi a great product for females. Also keep in mind that married individuals often want to protect their spouse and their assets. They want to ensure that, should they need LTC in the future, their spouse's lifestyle will not be impacted more than it has to be.

Ideal clients for LTCi plans:

- People nearing retirement
- Females
- Married individuals
- People familiar with LTC
- Are in reasonably good health
- Are upper or upper middle class

Carriers will often issue policies to people between the ages of 18 and 79 years old. Underwriting requirements for LTCi vary from carrier to carrier, and can be strict, so prospects must be healthy enough to pass them. And depending on the product, LTCi insurance premiums also can be a couple hundred dollars a month, so clients must be able to afford them.

How to Pitch It

The Department of Health and Human Services reports "about half (52%) of Americans turning 65 today will develop a disability serious enough to require [long-term services and support], although most will need assistance for less than two years." Right now, LTC services can cost tens of thousands of dollars a year, depending on the type of service. And, going without some form of financial protection is not a risk many feel comfortable taking. However, that's not to say everyone looking for some sort of coverage is comfortable with buying traditional LTCi.

1. Educate your client on what Medicare covers in regard to LTC

Many Americans mistakenly believe that their health insurance or Medicare will cover the costs of long-term care. In fact, Medicare only covers medically necessary care, like skilled nursing or rehabilitation, not assistance with daily living. As their trusted advisor, it's important to make sure your client understands exactly what they can't count on Medicare to provide.

2. Ask your client how they'd pay for LTC services and support if they'd need it

Because planning can be confusing and overwhelming, many put it off. However, as people age, one clear priority becomes wealth preservation — the desire to provide financially for their spouses, children, and future generations. Most people want to leave a legacy for their surviving families and are willing to discuss how to plan to do so. Can your client afford long-term care? Maybe they can't afford to be without it.

3. Don't forget hybrid life and annuity LTCi products

Though they can be more expensive than traditional policies, non-traditional LTCi plans like hybrid life and annuity combination plans can guarantee something that "use-it-or-lose-it" stand-alone LTCi plans can't: paid benefits even if LTC coverage isn't needed. Depending on the carrier and product, underwriting for hybrid LTCi plans may be streamlined, instead of full, which is also a common caveat associated with traditional LTCi. Additionally, with hybrid annuity/LTCi and life/LTCi policies, policyholders don't have to worry about potential rate increases — something that keeps some prospective buyers from purchasing traditional LTCi. People can leverage their assets for LTC coverage and have a tax-free death benefit and return of premium options!

Chapter 6

Short-Term Care

In most cases, MA plans and Original Medicare only cover the first 20 days of home health care or nursing home stays. Short-term care insurance can be a great solution for clients who only need up to a year's worth of coverage.

What Is Short-Term Care Insurance?

Short-term care insurance (STCi) usually offers coverage for one year of qualifying care or less for nursing home stays, assisted living, and home health care. Many STCi policies have a 0-day elimination period, which allows beneficiaries to start receiving benefits the first day they qualify for them. Some STCi carriers will only ask a couple of health-related questions, issue up to ages 84 or 89, and/or offer plans under $50 per month, as well as other incentives, like help with prescription drugs.

What else should you know about these products?

- Premiums can be funded with existing assets (CDs, savings, annuities, IRAs)
- Return of premium option
- Clients can add an inflation protection rider to policies
- Can require less stringent underwriting than LTC policies
- STCi rates aren't gender-based like LTCi rates

Who Is the Ideal Client?

The Department of Health and Human Services reports that 70 percent of individuals will need some form of LTC after turning 65 years old. But did you know the American Association for Long-Term Care Insurance (AALTCI) found that approximately 41 percent of LTCi claims don't last longer than one year? They also reported that 90 percent of STCi buyers were age 60 or older in 2015.

Ideal clients for STCi plans:

- People who desire a cheaper alternative to LTCi
- Are too old to qualify for LTCi
- Have health issues
- Have been declined for LTCi
- Are single women
- Individuals looking to cover MA copays for nursing home stays or home health care costs

How to Pitch It

Think of STCi as a great alternative to LTCi. Sometimes, you may encounter a client who can't afford or qualify for LTCi. You may also work with a client who gets declined for an LTCi policy. Offering an STCi plan is a great way for you to give those who aren't well-suited for LTCi the ability to get some form of financial protection and future peace of mind. It's also a great way to cover the elimination period of an LTCi policy, if your client already has one.

1. Review what nursing home care Medicare covers with your client

Oftentimes, beneficiaries think Medicare will cover any nursing home care they may need, which simply isn't the case. Make sure that your client knows that, to qualify for nursing home benefits with Medicare, they must have spent three days as an inpatient in the hospital prior to their nursing home stay and be receiving skilled care on a daily basis. The majority of care received in nursing homes is custodial. Beneficiaries will only receive benefits after spending 20 days in the nursing home and benefits end at a maximum of 100 days.

2. Help your client understand the value of STCi (as opposed to LTCi)

LTCi plans are a great way for individuals to protect their finances if they end up needing LTC services, but these plans can be expensive with difficult underwriting. STCi plans are a great middle ground for seniors who don't qualify or can't afford their Medicare or LTCi options. Why?

- STCi plans don't require a hospital stay. These plans provide benefits for all levels of care and can provide benefits for up to a year.
- Rates for an STCi policy can be lower than rates for an LTCi policy, especially for women, since STCi rates are not gender-based like LTCi rates.
- STCi products also tend to have more lenient underwriting and higher issue ages (e.g., 84 or 89 years old) than LTCi plans.
- Many STCi policies have a 0-day elimination period, which allows beneficiaries to start receiving benefits the first day they qualify for them.

If you're stuck deciding between LTCi and STCi, always look at your client's age, health, and budget to figure out which is the best option.

Chapter 7

Ritter Contracting, Training, & Support

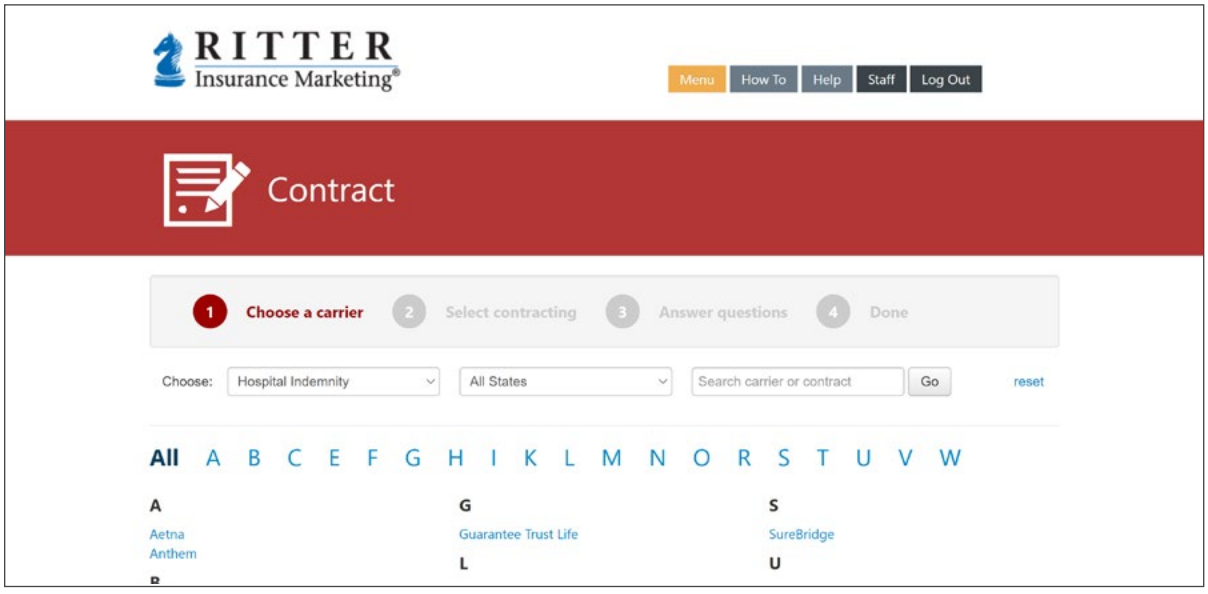
If you're searching for competitive Medicare and ancillary contracts from an FMO that will provide you with top-notch training and sales support, look no further. We're right here!

Adding Medicare and Ancillary Contracts to Your Portfolio

At Ritter, we offer a wide variety of competitive contracts with leading MA, Med Supp, Part D, DVH, hospital indemnity, cancer, heart attack, stroke, critical illness, LTCi, and STCi carriers. We aim to give you the ability to be a one-stop shop for all your Medicare clients' health insurance needs.

We have partnered with a premier FMO, Advisors Insurance Brokers (AIB), to offer our agents a vast portfolio of LTCi and hybrid life and annuity products and the expertise and support needed for successful sales. Contracting for carriers that offer these products can be obtained by reaching out to our team for the electronic contracting kit. To add Medicare or ancillary contracts, like hospital indemnity, DVH, cancer, heart attack or stroke, critical illness, or STCi, to your portfolio, simply visit and log in to RitterIM.com. If you're not registered with the site, you'll have to **create a free account first**. (It should only take a minute!)

To start contracting in the Ritter Platform, just click on the contracting icon (the clipboard with a checkmark) to go to the contracting page. Then, on the contracting page, you can use the product and state drop-down menus to find carriers and plans you're interested in adding to your portfolio. Our knowledgeable sales staff can also make recommendations and connect you with competitive products available in your market.



Not all carriers Ritter partners with are shown here. Contracting availability is subject to change.

If you're already contracted with that carrier to sell another type of product, you may not have to complete more contracting to sell their other plan(s). However, some carriers do require you to complete a new contract for each of their product lines you sell. Your Ritter Representative can help answer what your contract covers.

Ancillary Insurance Training Opportunities

We pride ourselves on being an FMO that provides extensive complimentary training for our agents. Each month, we offer general and carrier-specific product training opportunities and will even talk with you one-on-one to breakdown the product, so you feel comfortable presenting it.

What kinds of training opportunities do we provide?

- One-on-one phone calls
- Live and recorded webinars
- In-person meetings
- Educational handouts and blog articles
- eBooks and guides

Want to increase your knowledge? To see upcoming events, visit **RitterIM.com/events**. For educational materials, check out **RitterIM.com/blog** or **RitterIM.com/guides**. And, for one-on-one assistance or additional support, contact **your Ritter Representative**!

How We Can Support You

Besides offering extensive training, we can help you grow and streamline your business in a variety of other ways. For example, we can assist you with running quotes and illustrations for potential clients, providing product comparisons, making customized flyers you can send out to your clients, and more!

Sales Tools	Sales Support	Additional Perks
• Fantastic CRM • Medicare/Final Expense Quote Engine • Product comparison sheets • Customizable marketing materials • Fact Finder to uncover coverage gaps	• Notification of important general and carrier updates • Expert staff who can answer questions and provide advice (e.g., quotes, illustrations, tough cases) • Accessible via phone, email, and in person	• Competitive commissions • Sales incentives • Exclusive contracts • Co-op marketing dollars • Opportunities to give back to the community

Have any questions about our company, the services we offer, or which ancillary products are competitive near you? Please contact your Ritter Representative at 800-769-1847 for details!

Cheat Sheet

Cross-Selling Ancillary Products

Hospital Indemnity

- $0-premium MA enrollees
- Low-premium MA enrollees
- Medicare MSA enrollees

Short-Term Care

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