

The news and ideas magazine for the Independent Agents of United American and First United American Life Insurance Companies.

Medicare Part D

**A New
Prescription
for
Senior
Health**



EDITOR'S NOTES

THE SUMMIT

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PRO CARE APPROVALS

A special mailing regarding **ProCare Medicare Supplement** rate approvals for new business and renewals has been mailed to General Agents in **Pennsylvania**.

Check your state(s) ProCare rate memo for complete effective date information and cut-off dates for business written with old rates. If you did not receive this notice, please contact the Agent Service Center at 800-925-7355.

HDF VIDEO APPROVAL

The HDF Video presentation is now approved for advertising in **Tennessee**. A CD-ROM, DVD, VHS, or Mini-CD may be ordered by contacting Agent Supply.

INTEREST RATES SET

The Lifestyle Annuity new money interest rate for the month of **May** is **3.50 percent**. Rates will continue to be reviewed and adjusted accordingly. The Deposit Fund Rider new business interest rate for 2005 has been set at **3.00 percent**.

ATTN: ALL UA AGENTS

This is a reminder that the Bank Draft Form 1080 R05 is required with all FLEXguard applications. All FLEXguard applications requesting bank draft but missing this form will be pended.

ATTN: UA LTC AGENTS

Since UA first began marketing LTC products, we have experienced increasing frequency and severity of Nursing Home confinements. Because of this experience, UA implemented the first LTC rate increase in its history. The increase effects the old LTC block of business: NH1, NH2, and NH3. A special mailing regarding this rate increase has been sent.

ATTN: ALL UA LIFE AGENTS

UA will limit the Graded Benefit 400 Series and RT85 products offering to only two policies: 400 Series Ordinary Level Benefit (Plan Code G59) and RT85 (Plan Code G36). Updated Life Series Rate books will be available from Supply June 1st.

Effective July 1, 2005, Plan Codes G18, G50, G51, G52, G53, and G58 will no longer be available. A mailing detailing special premium rates and new commissions will be sent.

ATTN: UA LOUISIANA AGENTS

Effective immediately, the Optional Newborn Children's Transportation Benefit (Rider Form R-LA (14)) is no longer necessary with any UA policy.

IMPORTANT REMINDER FOR ALL UA AGENTS

FLEXguard uses a new type of application which utilizes Teleform technology. *Please be sure all required information is included on the application and all bubbles are filled in completely.* Teleform applications may not be photocopied. In addition, please keep in mind that the individual FLEXguard (IAGP) and Worksite FLEXguard (UAGP) applications require different information and cannot be used interchangeably.

ATTN: ALL FIRST UA AGENTS

The New York State Legislature has passed legislation, which has been signed into law by the Governor, increasing licensing fees for insurance Agents. *Effective immediately, licensing fees have been increased to \$40 per year or \$80 for a two-year license.* Please note the increase will automatically appear on the fee page of the online application located at www.ins.state.ny.us./faxappi.htm.

Part D: the newest addition to the Medicare alphabet!

It's been in the news regularly for almost two years now. The Medicare Prescription Drug Improvement and Modernization Act of 2003 (MMA) signed into law in December 2003, initiated many changes within the Medicare system – changes which are being instituted over the next several years. One of the most controversial of these has been the new prescription drug benefit. Starting in January 2006, Medicare beneficiaries will be able to obtain some assistance for prescription medications through a new Medicare Part D. The new drug benefit, which will be voluntary, is the newest letter in the Medicare alphabet of Parts A, B and C. Medicare beneficiaries will be asked to participate in a Part D plan, which will require payment of a premium. Part D will be available through private sector plans such as stand-alone prescription drug plans (PDPs) or through Medicare Advantage (Part C) plans in conjunction with its healthcare coverage. How is Part D going to affect United American and First UA? Both Companies are looking into becoming a private prescription drug plan (PDP) to offer the Part D drug coverage, and the particulars of the process are currently being examined.

Although Part D benefits do not go start until January 1, 2006, Medicare beneficiaries will start to receive information about aspects of the program beginning this month. The first mailing, which will be sent by the Social Security Administration, is to determine which Medicare beneficiaries will be eligible for assistance with Part D premiums, deductibles and copayments. Recipients will need to provide information about their incomes, savings, investments, and real estate (other than their primary place of residence). The face value of any insurance policies they have will be considered in determining their eligibility for assistance. If a couple have life insurance policies with a total combined face value of \$1,500 or more, they must

LARRY STRONG

Executive Vice President,
Chief Marketing Officer,
General Agency Division
United American & First United American



report the cash value – that is the amount they would receive if the life policy was cashed in now. The mailing also encourages recipients to contact their insurance companies if they have questions about their life policies and includes FAQs about prescription drug plans in general. Although many of our customers may not be eligible for assistance with the new Part D plan, the Home Office is gearing up for more calls from customers, and Agents need to be prepared for an increase in customer contact as well.

Learn as much as you can to assist your Senior customers through the next months. With the Medicare maze growing larger and more complex every year, your customers will look to you for clarification of many Medicare-related concerns. Although many of you are working with very savvy Seniors, there is still a substantial group of Medicare Supplement customers and prospects who are not well-informed about their healthcare options. It's up to you to educate them and to help them make the right choices and decisions.

Our center spread this month is devoted to Medicare Part D. It provides a quick review of the current Medicare system, some important dates to keep in mind, and some of the concerns both you and your customers will have about Part D.

Medicare Part D is a new program, and there are still many unknowns. For the remainder of 2005, the plan and the processes to implement and administer it will continue to evolve as the rules become fixed and as more insurers make decisions whether or not to jump on the PDP bandwagon. We will keep you informed as the months go by, so that we'll all be ready to roll come January 1, 2006.

Dial for Dollars with New HDF Phone Script!

Before you ever sit at your customer's kitchen table to explain the tremendous value of our HDF Medicare Supplement policy, you'll probably first speak with your prospect on the phone. Cold calling is a necessary part of insurance sales, and United American wants to make the process as easy as possible for you and your customer. We have available a new HDF phone script. It's brief, to the point, and follows the format suggested by the experts in the field of cold calling and telephone sales.

Keep these tips in mind to take the chill out of your cold calls:

- 1. Overcome your reluctance.** Make your calls early in the day when you're most energetic and fresh and least likely to find excuses to avoid them.
- 2. Prepare an opening statement.** Use our pre-approved phone script to quickly get your prospect's attention and make the best use of the first 20 seconds of call time. The script incorporates all the essential elements – a greeting, an introduction, a reference point (something about the prospect), the benefit of your offering, and a transition to a question to get your prospect to respond.
- 3. Don't launch into an extensive sales pitch.** Remember, the purpose of the call is simply to get an appointment with the prospect in order to make your presentation – not to try to make the sale over the phone. Work to stimulate the prospect's interest, find out a little information about the prospect and ask for an appointment. If the prospect tries to put you off by asking you to mail information, simply say, "Let me ask you a few questions so that the information I send will be relevant to your particular situation. And, if you like what you see, may we get together next week to discuss it in greater detail?" With this approach, you're respecting the prospect's wishes, but you're also getting what you need in order to proceed.
- 4. Two questions to avoid when you initiate your cold call** are "How are you today?" and "Is this a good time to talk?" The first sounds presumptuous and too personal coming from a total stranger, and the second gives the prospect an easy opportunity to terminate the call.

5. Don't get discouraged and give up! Statistics indicate 80 percent of new sales are made after the fifth contact, yet most sales people give up after the second contact. Be persistent; it will eventually pay off!

Source: www.allbusiness.com

HDF Phone Script (AD HDF5-05):

"Hello, my name is (Agent Name), and I'm talking to people today about Medicare and Medicare Supplements. I'm sure you're familiar with the rising costs associated with Medicare, but I want to make you aware of the High Deductible Plan F that is now available from United American Insurance Company.

If you're tired of paying too much for insurance premiums, you may qualify for more affordable premiums from our top-rated Company. Are you available (Day of the Week) around (Time of Day)?

Our policy may not be for everyone, but, if it does suit your needs, I'll be able to provide a quote for you when we meet. Thanks and see you (Day of the Week).

Not connected with or endorsed by the U.S. government or federal Medicare program. This is a solicitation for insurance. Additional Medicare Supplements are available which may be better suited to customer's needs. Plans and benefits vary by state. Some limitations and exclusions apply. Policy Form MSHDF.

The HDF Phone Script (AD HDF5-05) is approved for advertising in states marked with an "X" at press time.

AK	-	GA	X	MA	-	NJ	-	SC	-
AL	X	HI	-	MD	X^	NM	X	SD	X
AZ	X	ID	X	MI	X	NC	X	TN	X
AR	X	IL	X	MN	-	ND	X	TX	-
CA	X^	IN	X	MS	X	NY	-	UT	X
CO	-	IA	X	MO	-	OH	X	VA	-
CT	X	KS	X	MT	X	OK	X	VT	-
DE	X	KY	X	NE	X	OR	X	WA	-
DC	X	LA	-	NV	X	PA	X	WI	-
FL	-	ME	-	NH	X	RI	X	WV	X
								WY	X

X^ State Special Version



UA Partners®

Mail Order Prescription Program Guide – *Valuable Assistance for your Seniors!*

Your Senior customers need all the help you can give them when it comes to securing the best prescription pricing and maneuvering through the prescription medications maze. However, due to privacy regulations and liability issues, your ability to help has boundaries. Yes, you can definitely offer them substantial prescription discounts available through UA Partners, our optional discount services program, but only your customer can actually place the order for those mail order, maintenance medications. We do make it easy for them, however, with the UA Partners® Mail Order Prescription Guide. Specifically designed to help your customers order maintenance medications, *the guide is included with their Partners fulfillment materials and can be used in any state where UA Partners is approved.*

This *free* guide also is available in an Agent Training format (F4505-T), but only to help you understand the order process. You can trust the UA Partners Mail Order Prescription Program Guide to assist your customers when placing mail-order prescription requests.

The guide includes:

- **Ordering information and instructions**

The form explains what information the customer must have to place the order – customer name, UA Partners ID Number, date of birth, mailing address and telephone number – and takes the customer step-by-step through the initial order, from pricing the prescriptions to ordering refills. Whether or not the customer has a written prescription from the physician and how the customer wants to pay (credit card, check or money order) determine how the customer completes the order.

- **A “Physician’s Tip Sheet”**

The patient lists pertinent information – his or her name, UA Partners ID Number and UA Partners Program Number – to give to the dispensing physician. The Tip Sheet clearly explains to the physician how the prescription program works, how it’s administered and provides the physician with phone and fax numbers should he or she have questions or need to authorize refills.



Tips For Mail Order Prescriptions:

1. Prescription processing and delivery can take up to 10 days, so order well in advance.
2. Prescriptions for maintenance medications should be for a 90-day supply.
3. Always request generic medications when available.
4. Make sure your customers receive the Mail Order Prescription Guide and answer any questions they may have about the enrollment process.

A, B, C . . . D?

As United American and First UA gear up for this new step into the future of Senior healthcare, we know you and your customers will have a lot to learn about the new program. The Home Office is learning too and will be with you every step of the way. Spend some time at www.medicare.gov to become informed about Part D. The more you can learn now, in addition to the information here, the more help you can be to your customers when the program takes effect.

Beginning January 1, 2006, prescription drug coverage will become available to all Medicare beneficiaries through the new Medicare Part D, the Voluntary Prescription Drug Benefit Program – an optional prescription drug benefit for individuals who are entitled to or enrolled in Medicare benefits under Part A and Part B. Part D is not a part of the traditional Medicare triad, but will be provided under private prescription drug plans (PDPs) that will offer only prescription drug coverage. Medicare Advantage prescription drug plans (MA-PDs) will integrate prescription coverage with the healthcare coverage already provided under Part C.

QUESTIONS ABOUT MEDICARE PART D:

Who Can Enroll?

Individuals entitled to Medicare Part A or enrolled in Part B are eligible to enroll in Part D. Open enrollment for Part D will take place between November 15, 2005 and May 15, 2006. Coverage becomes effective January 1, 2006 or the first day of the month after the date of enrollment after January 1. Although the coverage is voluntary, there will be a financial penalty for beneficiaries who sign up after May 15, 2006.

How Will the Program Be Administered?

Medicare is contracting with individual companies to provide the prescription drug coverage. Private prescription drug plans (PDPs) must offer a basic prescription drug benefit determined by Medicare, but can offer more coverage and additional drugs for higher monthly premiums.

What Will It Cost?

Those who enroll in Part D will pay a monthly premium and share the cost of the prescriptions. The 2006 monthly premium for the basic plan has been estimated at \$35 and may increase depending upon the selected plan.

For the basic plan, the annual Prescription Drug Plan (PDP) deductible is currently set at \$250 with a 25 percent co-insurance for costs between \$251 and \$2,250. For costs between \$2,251 and \$5,100, beneficiaries will pay 100 percent of the costs themselves. Once a beneficiary has spent \$3,600 out-

of-pocket, coverage will again take effect and the beneficiary will pay \$2 for generic drugs and \$5 for non-preferred drugs or five percent of the drug's cost, whichever is greater.

What Information is Available?

Periodic mailings from Medicare and Social Security will be sent to Medicare beneficiaries over the next several months to help them become familiar with the program, its regulations and requirements, and to help them decide if the program is right for them. Beginning in the Fall of 2005, Medicare will provide general information to help beneficiaries choose and join a plan. The *Medicare & You 2006* handbook will be issued this fall and will list the PDPs available in the beneficiaries' areas.

What Happens to the Discount Cards Customers Use Now?

From January 1, 2006 to May 15, 2006, the current Medicare-approved drug discount cards will be phased out, and Medicare Prescription Drug coverage will take effect.

Will United American/First UA participate in Part D?

At this time, both companies are looking into becoming a PDP to offer the Part D program. In the meantime, the Home Office, UA, and First UA Agents need to be aware of the timeline (see pg. 7) and any mailings as there will likely be an increase of policyholder calls and questions.

Medicare's **NEW** Prescription Drug Coverage

KNOW YOUR MEDICARE A,B,C's

Medicare is the federal health insurance program administered by the U.S. Department of Health and Human Services for people age 65 and above and certain disabled underage people. It currently is divided into three parts:

1. Part A helps to cover hospital expenses such as inpatient hospital, home health, skilled nursing facility, psychiatric hospital services and hospice care. Most people don't pay a premium for Part A because they, or their spouse, have accumulated a sufficient number of work quarters in their lifetime to be exempt.
2. Part B helps to cover medical expenses such as doctors' visits, outpatient services, some mental health services, durable medical equipment, some preventive services, and home health visits not covered under Part A. The majority of beneficiaries pay a premium for Part B each month that is taken out of their Social Security checks. The Part B premium for 2005 is set at \$78.20.
3. In 1997, Medicare + Choice (now called Medicare Advantage) was introduced. Unofficially referred to as Part C, Medicare Advantage offers expanded benefits beyond Part A and Part B through private health insurance programs such as HMOs and PPOs contracted with Medicare. An individual must be enrolled in Part A and Part B to enroll in Part C.

Sources: www.medicare.gov; The Department of Medical Assistance Services; Centers for Medicare & Medicaid Services; Social Security Administration; www.bankrate.com

Facts About Prescription Drug Benefit Time Line

December 2003:
Medicare Prescription Drug, Improvement and Modernization Act (MMA) signed into law by President Bush.

May 2004:
Drug Discount Cards become available as transitional step to Prescription Drug Benefit.

January 2005:
Final rules for Prescription Drug Benefit published by Medicare.

May 2005:
Social Security Administration mailing sent to beneficiaries to determine if eligible for financial assistance.

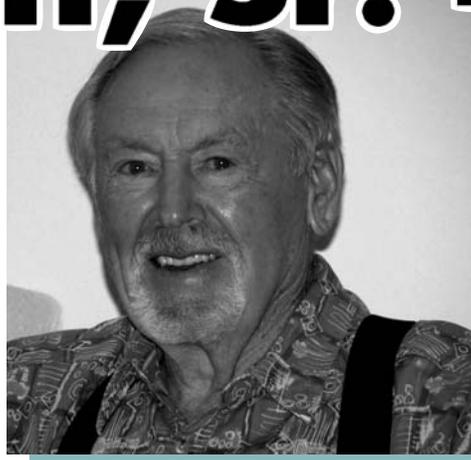
June 2005:
People with low incomes start applying for extra help with drug plan costs.

November 2005:
Enrollment in prescription drug benefit begins.

January 2006:
Prescription drug coverage begins for those who enroll.

Jim Sherritt, Sr. –

*I used to work
for UA,
now UA
works for me!*



If you're among those who have been associated with United American or First United American for over twenty years, you may have been privileged to meet James H. P. Sherritt, Sr.

During his career at UA, Jim not only witnessed tremendous growth, but was credited with much of it. In the June 1986 issue of *UA News* dedicated to Jim's 19-year UA career, C.B. Hudson wrote, "To truly appreciate the contributions of Jim Sherritt to United American, one need only look to the facts. From the company's inception in 1947 through 1981, the total premium income for all years combined was less than \$600 million. From 1982 – the year Jim became Senior Vice President and Sales Director – through 1986, total premium income will exceed \$1.4 billion." It was a fantastic four years, and much of the growth was attributed to the hard work and dedicated efforts of Jim Sherritt. Overall, during his 19 years with the Company, annualized premium grew from \$8.8 million to \$460 million, and the GA field force grew from 4,600 Agents to 60,000 Agents. It was phenomenal!

"United American is still the best Medicare Supplement company in the nation."

One principle that Jim faithfully practiced during his almost two decade UA career was "Be Available." According to Jim, "I had a terrific staff and everything went as smoothly as it possibly could. But I would always be available to anyone who needed me." That is a principle still practiced by UA and First UA Agents and Home Office staff. Jim knew the tremendous importance of outstanding customer service to both Agents and policyholders.

It's been almost 20 years now since Jim retired. How has he adjusted to retirement? "People said I'd have trouble adjusting to retirement, but I've adapted easily, although I do miss the friendships of the people I worked with. I keep very busy. I play golf, maintain my half acre of yard, have a pontoon boat and a lake right across the street. I fish, and am an avid reader of detective novels."

Jim is no longer working for United American, but United American is still very much working for Jim. "My United American Medicare Supplement has been very good to me. Not too long after I retired from UA, I started having some heart problems. The heart problems lead to a variety of surgeries including an angioplasty, the insertion of two stints, the removal of a blockage in my carotid artery, and the implantation of a defibrillator. Not to mention, I also had a hip replacement!

My hospital stays and medical consultations have been expensive. And, although Medicare paid the biggest part of the costs, my United American Medicare Supplement has been right there! I never had any problems with claims, and the hospital and doctors seemed happy to see my UA Medicare Supplement card. I wouldn't consider any company other than United American for my Medicare Supplement insurance. When C.B. Hudson and Mark McAndrew pioneered 'Automatic' Claims Filing[®] (ACF), they built a solid foundation for United American. I have had a lot of use out of my Medicare Supplement, and it has been a God-send! United American is still the best Medicare Supplement company in the nation."

United American and First United American exist because of people like Jim Sherritt and for people like Jim Sherritt. We counted on him for many years, and now he is counting on us! We hope he'll continue to count on us for many years to come.

Agents Make the Difference

It's well-known that people buy from people they like. Treat your customers right, and you'll not only have outstanding persistency and retention, but customers who'll be loyal for life. Make them a priority and they'll make you a priority. A recent article in the March 2005 issue of *AdvisorToday*, laid out eight steps to achieving customers for life!

1. Show them you appreciate their business.

There are a lot of Agents and carriers out there ready to jump all over your customers. You need to tell them how much you appreciate the fact they've chosen you. **At the end of a meeting or a phone call with your customer, thank them for doing business with you and tell them how much you appreciate them.** When your policyholder feels appreciated, they'll appreciate you.

2. Make your best customers feel special.

"Best" could be those who pay you the most premium, those who have been your customers for the longest period of time, or those who are the most wealthy and have the most potential for future business. Whoever your best customers are – make them feel special. You could host a gathering each month or two...a coffee hour, a picnic or a cookout. **An event allows you to get better acquainted with your customers, and allows your best customers to get acquainted with each other, which may help expand your prospect potential.**



A survey by the Independent Insurance Agency Association showed:

- 52% of insurance customers describe themselves as relationship buyers.
- Customers want an annual review of their policies.
- Customers want Agents with integrity and stable agencies that stand behind them.
- Customers want information about their policies and coverage.

3. Answer the phone and call customers back.

It's important to be personally available to customers (within reason, of course). Delegate as much administrative work as possible to others, but if your customer needs to talk to you, be there!

4. Pay attention to what the customer wants, not what you want.

Relationships are important to your customers. They are more concerned about Agents having their best interests at heart than they are about product issues and sales issues. **Agents need to maintain a service mentality because people love to be serviced, but dislike being sold. Remember, a customer's personal feeling about his or her Agent will generally take precedence over concerns about products and price.** A survey by the American Society for Quality showed that 68 percent of a company's lost business was due to an indifferent attitude by the service provider. Relationships matter!

5. Be likeable.

If customers like you, they're much more likely to do business with you. Be a person your customer can enjoy being around. **Be respectful to your customer, pay attention to them, communicate with them, but don't be afraid to have fun with them too.** Examine your motives for being in insurance sales if you have any question about your likability quotient. Do you manipulate your customers, or are you truthful and authentic? Are you adversarial or supportive in your relationships? If you have concerns, pledge now to bring more openness and integrity to your professional associations.

6. Show your customers they matter to you.

Send cards, notes or flowers for illness, birthdays and other special occasions. Perhaps a simple "just calling to see how you are" phone call or a UA thank you note may be just what your customers need to brighten their day (and make them customers for life).

7. Don't take customers for granted.

Remember, it's your customers who put food on your table and send your kids to college. Other than your family, no one matters more to your well-being than your customers. There's always another insurance professional just waiting around the corner to take your place, so **maintain regular contact with your customers to let them know how important they are.**

8. Educate your customers.

Keep them informed about developments or changes within the Company and the insurance industry in general, which might be of interest to them. Be as up front as possible with information – both good and bad. (You really don't want them learning about a policy rate increase from their next billing statement. They need to hear it from you.) Well-informed customers can make well-informed decisions. **If your customers know all the facts, they are much more likely to make the decision that is right for them. Good decisions make for great persistency and lifelong relationships.**

PRESIDENT'S CLUB

Through April 2005, the producers represent the top Agencies with the highest net combined annualized premium. Agencies can also qualify to attend the annual sales conference. Final qualifiers will be based on company production and retention requirements.



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4. KEN PARKER
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The Ahlbum Group
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Brewer Insurance Agency

PACESETTERS CLUB

Through April 2005, the producers represent the top Agents with the highest net combined annualized premium. Agents can also qualify to attend the annual sales conference. Final qualifiers will be based on company production and retention requirements.



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3. STEPHEN O. HYLES



4. JONATHAN CLARKE



5. DAVID R. OLIVER

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7. **MICHAEL A. JOHNSON**
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17. **MICHAEL LEMAR**
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29. **JUDITH M. LITTLE**
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Jones Insurance Agency
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22. **EASTWAY INSURANCE AGENCY, INC.**
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27. **JOHN W. STAMPER**
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29. **MACK M. DANIELS**
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Pruitt Insurance Agency

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United American and First United American Insurance Companies have a tradition of meeting the public's life and health insurance needs. We are a leader in individual life/health protection. We are totally committed to meeting customer needs through personal one-on-one Agent service and complete Home Office customer support.

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