

Medicare Supplement



LBIG MAX Quick Reference Guide



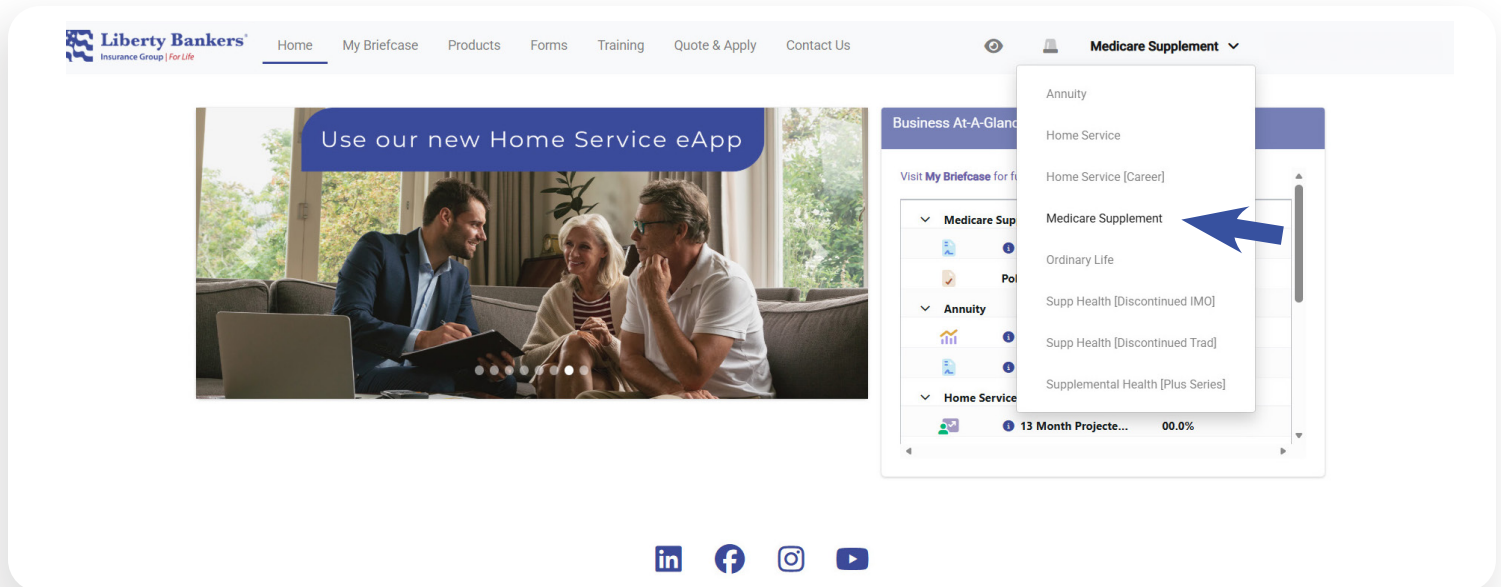
Liberty Bankers™
Insurance Group | American Benefit Life

Quote & Application Process

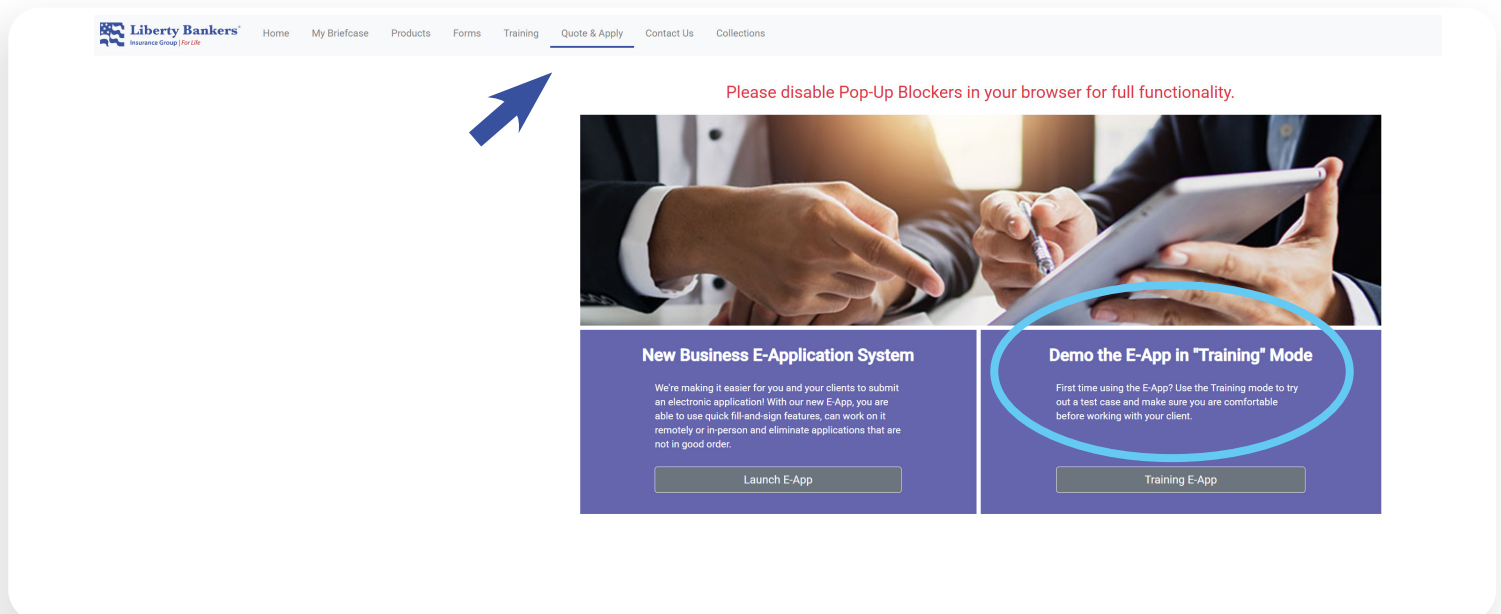
American Benefit Life Insurance Company (ABL) offers expanded sales opportunities through our Multi-Product Application Experience (MAX). Learn how to get started selling Medicare Supplement Plans with add-on coverage for Supplemental Health.

Getting started:

1. Visit the Agent Portal at agent.lbig.com.
2. Open the Business Channel dropdown menu on the right side and select "Medicare Supplement."

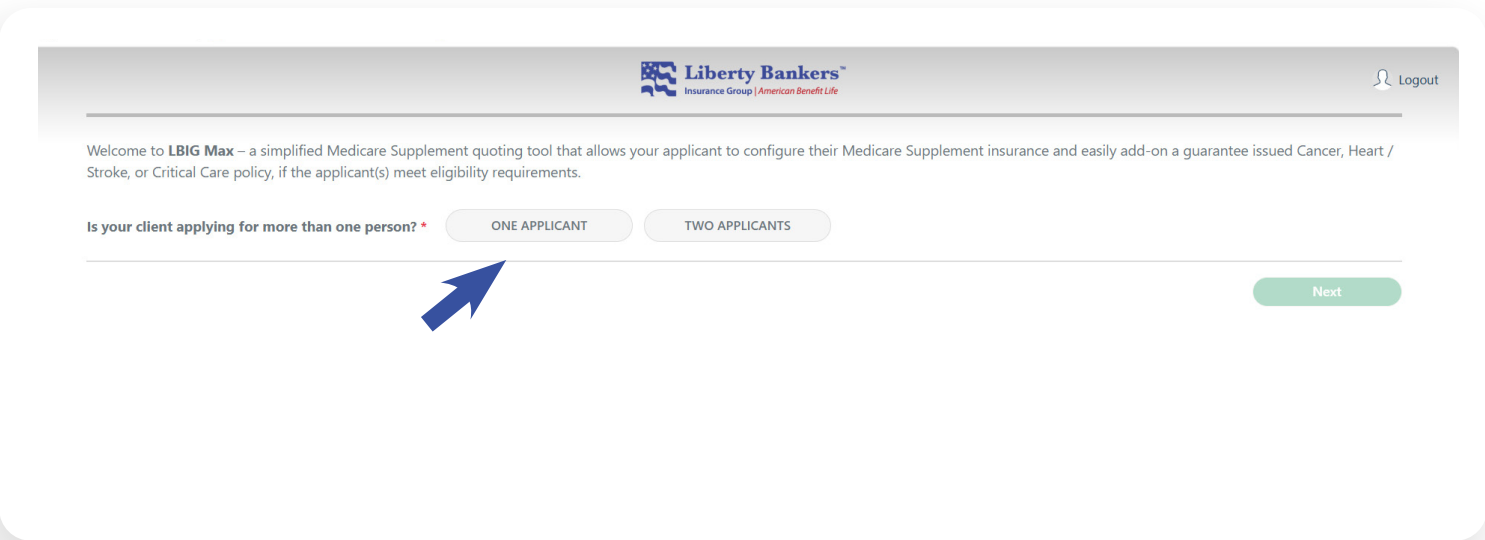


3. Select "Quote & Apply" from top navigation bar.
 - A demo version of LBIG MAX is available, allowing you to test the system and become familiar with the process.



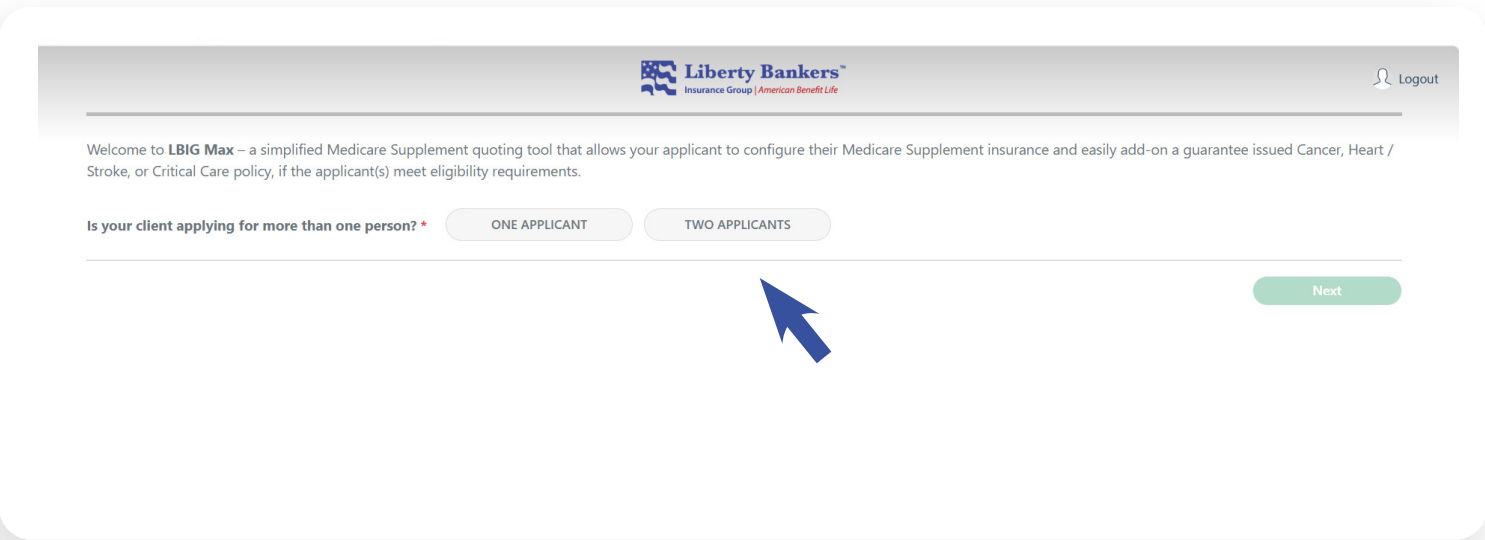
Quote & Application Process

- 4. Select the number of applicants.
 - Select “One Applicant” for individual coverage.



The screenshot shows the Liberty Bankers application interface. At the top, the Liberty Bankers logo is on the left and a 'Logout' link is on the right. Below the header, a welcome message reads: 'Welcome to **LBIG Max** – a simplified Medicare Supplement quoting tool that allows your applicant to configure their Medicare Supplement insurance and easily add-on a guarantee issued Cancer, Heart / Stroke, or Critical Care policy, if the applicant(s) meet eligibility requirements.' Below this, the question 'Is your client applying for more than one person? *' is followed by two buttons: 'ONE APPLICANT' and 'TWO APPLICANTS'. The 'ONE APPLICANT' button is highlighted with a blue arrow. To the right of these buttons is a green 'Next' button.

- Select “Two Applicants” if you are applying for more than one person.



This screenshot is identical to the previous one, showing the Liberty Bankers application interface. However, in this instance, the 'TWO APPLICANTS' button is highlighted with a blue arrow, indicating the selection for multiple applicants. The 'ONE APPLICANT' button is no longer highlighted.

- 5. Click “Next.”

Quote & Application Process

Enter Client Information:

1. Select the household discount.
 - When two applicants apply for coverage, the household discount is automatically applied.
 - Applicants may qualify for a Medicare Supplement household discount with American Benefit Life Insurance Company if (1) they reside with their spouse, including civil union/domestic partner, or (2) have been living with a family member who is age 50 or older for the last twelve months.
 - For the purpose of this discount, a civil union partner or domestic partner will be considered a legal spouse when such partnerships are valid and recognized in the state of residence.
2. Complete the required information for method of payment, premium mode, birthdate, gender, nicotine class, effective date, and zip code.

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Logout

Welcome to **LBIG Max** – a simplified Medicare Supplement quoting tool that allows your applicant to configure their Medicare Supplement insurance and easily add-on a guarantee issued Cancer, Heart / Stroke, or Critical Care policy, if the applicant(s) meet eligibility requirements.

Is your client applying for more than one person? **ONE APPLICANT** TWO APPLICANTS

HH Discount ⓘ ☐ Yes ☐ No

Method of Payment: * ☐ EFT ☐ Direct Bill

Premium Mode: * ☐ Annual ☐ Semi-Annual ☐ Quarterly ☐ Monthly

APPLICANT 1:

Birthdate: * MM/DD/YYYY

Gender: * ☐ Female ☐ Male

Nicotine Class: * ☐ Non-Nicotine ☐ Nicotine

Effective Date: * MM/DD/YYYY

Zip: * #####

Next

Items marked with an asterisk are required fields.

One Applicant

 Liberty Bankers™
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Logout

Welcome to **LBIG Max** – a simplified Medicare Supplement quoting tool that allows your applicant to configure their Medicare Supplement insurance and easily add-on a guarantee issued Cancer, Heart / Stroke, or Critical Care policy, if the applicant(s) meet eligibility requirements.

Is your client applying for more than one person? ONE APPLICANT **TWO APPLICANTS**

HH Discount ⓘ ☒ Yes ☐ No

Method of Payment: * ☐ EFT ☐ Direct Bill

Premium Mode: * ☐ Annual ☐ Semi-Annual ☐ Quarterly ☐ Monthly

APPLICANT 1:

Birthdate: * MM/DD/YYYY

Gender: * ☐ Female ☐ Male

Nicotine Class: * ☐ Non-Nicotine ☐ Nicotine

Effective Date: * MM/DD/YYYY

Zip: * #####

APPLICANT 2:

Birthdate: * MM/DD/YYYY

Gender: * ☐ Female ☐ Male

Nicotine Class: * ☐ Non-Nicotine ☐ Nicotine

Effective Date: * MM/DD/YYYY

Zip: * #####

Next

Items marked with an asterisk are required fields.

Two Applicants

Quote & Application Process

- 3. If non-nicotine is selected, please confirm the attestation.
- 4. Review and confirm the client information and click “Next.”

Run a Quote

- 1. If you need to make changes to the client information, select “Change.”

Female | Issue Age 77 | Non-Nicotine | TX

Change

MEDICARE SUPPLEMENT

Select Type of Case: *

GI

OE

UW

Select Medicare Supplement Plan: *

Please choose a plan

Requested Policy Effective Date: *

MM/DD/YYYY

APPLICANT 1:

MEDICARE SUPPLEMENT NET MODAL PREMIUM (MONTHLY)

Applicant 1:

\$0.00

Total

\$0.00

TOTAL MONTHLY PREMIUM

\$0.00

Print Quote

Apply Now

One Applicant

Female | Issue Age 77 | Non-Nicotine | FL
Male | Issue Age 83 | Non-Nicotine | FL

Change

MEDICARE SUPPLEMENT

Select Type of Case:

GI

OE

UW

Select Medicare Supplement Plan:

Plan G

Requested Policy Effective Date:

08/01/2026

APPLICANT 1:

APPLICANT 2:

Select Type of Case:

GI

OE

UW

Select Medicare Supplement Plan:

Plan N

Requested Policy Effective Date:

08/01/2026

APPLICANT 2:

GUARANTEED ISSUE ADD-ON PLANS

Add-On Coverage For:

No Add-On Products

Applicant 1

Applicant 2

Applicants 1&2

Requested Policy Effective and Draft Date:

08/01/2026

Base Plan Selection:

Cancer

Heart & Stroke

Critical Care

Benefit Amount: *

\$10,000

MEDICARE SUPPLEMENT NET MODAL PREMIUM (MONTHLY)

Applicant 1:

\$273.70

Quote does not include one-time application fee of: \$25.00

Applicant 2:

\$282.81

Quote does not include one-time application fee of: \$25.00

Total

\$556.51

SUPPLEMENTAL HEALTH NET MODAL PREMIUM (MONTHLY)

Cancer:

\$38.94

The one-time application fee has been waived: \$25.00

Heart & Stroke:

\$44.52

The one-time application fee has been waived: \$25.00

Total

\$83.46

TOTAL MONTHLY PREMIUM

\$639.97

Print Quote

Apply Now

Two Applicants

ABL-0726-PMSMAXQRG1

Quote & Application Process

2. Select GI (Guarantee Issue), OE (Open Enrollment), or UW (Underwritten) for “Select Type of Case.”
3. Click the “Select Medicare Supplement Plan” dropdown and select the plan the applicant is applying for.

The screenshot shows the 'One Applicant' section of the quote application. The header includes 'Liberty Bankers Insurance Group | American Benefit Life' and a 'Logout' link. The applicant information bar shows 'Female | Issue Age 77 | Non-Nicotine | FL'. The 'MEDICARE SUPPLEMENT' section has 'Select Type of Case' with buttons for GI, OE, and UW (UW is selected). Below is a dropdown for 'Select Medicare Supplement Plan' showing 'Plan G'. The 'GUARANTEED ISSUE ADD-ON PLANS' section has 'Add-On Coverage For' with buttons for 'No Add-On Products', 'Applicant 1' (selected), 'Applicant 2', and 'Applicants 1&2'. The 'Requested Policy Effective and Draft Date' is set to 'MM/DD/YYYY'. The 'Base Plan Selection' has buttons for 'Cancer', 'Heart & Stroke' (selected), and 'Critical Care'. The 'Benefit Amount' is set to '\$10,000'. On the right, the 'MEDICARE SUPPLEMENT NET MODAL PREMIUM (MONTHLY)' table shows: Applicant 1: \$273.70, Quote does not include one-time application fee of: \$25.00, Total: \$273.70. The 'SUPPLEMENTAL HEALTH NET MODAL PREMIUM (MONTHLY)' table shows: Cancer: \$31.95, The one-time application fee has been waived: \$25.00, Heart & Stroke: \$33.00, The one-time application fee has been waived: \$25.00, Total: \$64.95. The 'TOTAL MONTHLY PREMIUM' is \$338.65. There are 'Print Quote' and 'Apply Now' buttons.

One Applicant

The screenshot shows the 'Two Applicants' section of the quote application. The header includes 'Liberty Bankers Insurance Group | American Benefit Life' and a 'Logout' link. The applicant information bar shows 'Female | Issue Age 77 | Non-Nicotine | FL' and 'Male | Issue Age 83 | Non-Nicotine | FL'. The 'MEDICARE SUPPLEMENT' section has 'Select Type of Case' with buttons for GI, OE, and UW (UW is selected for both). Below are dropdowns for 'Select Medicare Supplement Plan' showing 'Plan G' for Applicant 1 and 'Plan N' for Applicant 2. The 'GUARANTEED ISSUE ADD-ON PLANS' section has 'Add-On Coverage For' with buttons for 'No Add-On Products', 'Applicant 1', 'Applicant 2' (selected), and 'Applicants 1&2'. The 'Requested Policy Effective and Draft Date' is set to '08/01/2026'. The 'Base Plan Selection' has buttons for 'Cancer', 'Heart & Stroke' (selected for both), and 'Critical Care'. The 'Benefit Amount' is set to '\$10,000'. On the right, the 'MEDICARE SUPPLEMENT NET MODAL PREMIUM (MONTHLY)' table shows: Applicant 1: \$273.70, Quote does not include one-time application fee of: \$25.00, Applicant 2: \$282.81, Quote does not include one-time application fee of: \$25.00, Total: \$556.51. The 'SUPPLEMENTAL HEALTH NET MODAL PREMIUM (MONTHLY)' table shows: Cancer: \$38.94, The one-time application fee has been waived: \$25.00, Heart & Stroke: \$44.52, The one-time application fee has been waived: \$25.00, Total: \$83.46. The 'TOTAL MONTHLY PREMIUM' is \$639.97. There are 'Print Quote' and 'Apply Now' buttons.

Two Applicants

4. Approved underwritten Medicare Supplement applicants can select to add a Cancer, Heart & Stroke, or Critical Care Supplemental Health policy.
 - Premium amount will adjust as you make selections for coverage in the bottom right.
 - Five coverage options are available to the applicant:
 - (1) Cancer
 - (2) Heart & Stroke
 - (3) Cancer and Heart & Stroke
 - (4) Critical Care
 - (5) No supplemental health add-ons



The Supplemental Health application fee is **waived** when purchased alongside an approved underwritten Medicare Supplement plan.

Quote & Application Process

5. Click “Apply Now” in the bottom-right corner and continue to eApp.

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Logout

Female | Issue Age 77 | Non-Nicotine | FL

Change

MEDICARE SUPPLEMENT

APPLICANT 1:

Select Type of Case:

GI

OE

UW

Select Medicare Supplement Plan:

Plan G

GUARANTEED ISSUE ADD-ON PLANS

Add-On Coverage For:

No Add-On Products

Applicant 1

Applicant 2

Applicants 1&2

Requested Policy Effective and Draft Date: *

MM/DD/YYYY

Base Plan Selection:

Cancer

Heart & Stroke

Critical Care

Benefit Amount:

\$10,000

MEDICARE SUPPLEMENT NET MODAL PREMIUM (MONTHLY)

Applicant 1: \$273.70

Quote does not include one-time application fee of: \$25.00

Total \$273.70

SUPPLEMENTAL HEALTH NET MODAL PREMIUM (MONTHLY)

Cancer: \$31.95

The one-time application fee has been waived: \$25.00

Heart & Stroke: \$33.00

The one-time application fee has been waived: \$25.00

Total \$64.95

TOTAL MONTHLY PREMIUM \$338.65

Print Quote

Apply Now

One Applicant

MEDICARE SUPPLEMENT

APPLICANT 1:

APPLICANT 2:

Select Medicare Supplement Plan:

Plan G

Plan N

Requested Policy Effective Date:

08/01/2026

09/01/2026

Is this applicant Open Enrollment or Guarantee Issue?

Yes

No

Yes

No

GUARANTEED ISSUE ADD-ON PLANS

Add-On Coverage For:

No Add-On Products

Applicant 1

Applicant 2

Applicants 1&2

Requested Policy Effective and Draft Date:

08/01/2026

Base Plan Selection:

Cancer

Heart & Stroke

Critical Care

Benefit Amount: *

\$15,000

MEDICARE SUPPLEMENT NET MODAL PREMIUM (MONTHLY)

Applicant 1: \$283.62

Quote does not include one-time application fee of: \$25.00

Applicant 2: \$293.06

Quote does not include one-time application fee of: \$25.00

Total \$576.68

SUPPLEMENTAL HEALTH NET MODAL PREMIUM (MONTHLY)

Cancer: \$109.58

The one-time application fee has been waived: \$25.00

Heart & Stroke: \$127.68

The one-time application fee has been waived: \$25.00

Total \$237.26

TOTAL MONTHLY PREMIUM \$813.94

Print Quote

Apply Now

Two Applicants

Contact us

Reach out to Agent Support for questions or require assistance with the LBIG MAX Quote and Apply process.

Phone: 844-710-9040

Email: agentsupport.health@lbig.com



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