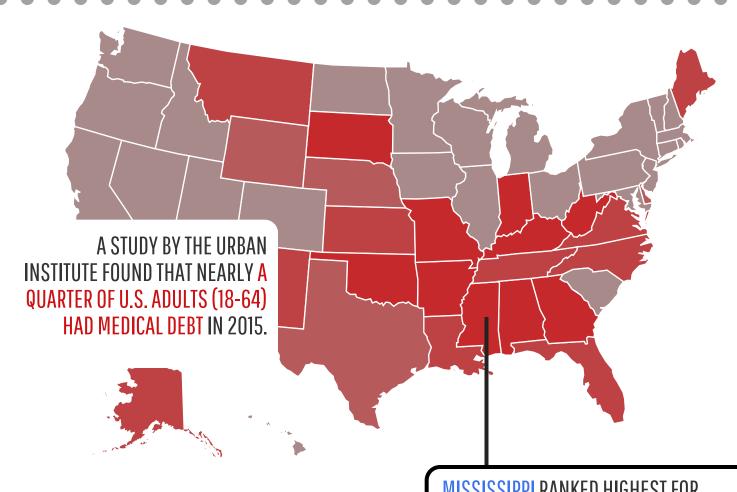


NOW ACCOUNTS FOR NEARLY 18% OF THE NATIONAL ECONOMY TODAY.



MISSISSIPPI RANKED HIGHEST FOR MEDICAL DEBT (37%) IN 2015. STATES SHADED IN RED HAVE THE HIGHEST RATE OF MEDICAL DEBT (SOUTHERN STATES ARE HIT HARDEST).

IN 2016, HEALTHCARE SPENDING IN THE U.S. HIT \$3.3 TRILLION WITH THAT MUCH MONEY, YOU COULD: **BUY EVERY SINGLE SEND 25 MILLION** PERSON ON EARTH A PEOPLE TO A PRIVATE **SMARTPHONE COLLEGE FOR 4 YEARS**

IN ITS ANNUAL REPORT ON THE ECONOMIC WELL-BEING OF AMERICANS, THE FEDERAL RESERVE FOUND THAT 44% OF ADULTS WOULD NOT BE ABLE TO COVER A \$400 EMERGENCY IN 2016 (OR WOULD HAVE TO BORROW OR SELL SOMETHING TO COVER IT).



IN 2016, HOSPITAL CARE MADE UP 32% OF TOTAL HEALTHCARE SPENDING IN THE U.S., OR \$1.1 TRILLION.

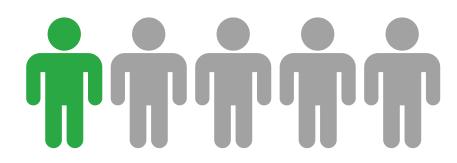
HOSPITAL BILLS ARE THE LARGEST **OUT-OF-POCKET EXPENSE FOR** PEOPLE WITH MEDICAL DEBT.

\$10,348

AVERAGE COST PER PERSON FOR **HEALTHCARE IN AMERICA IN 2016**



IN 2015, A KFF SURVEY FOUND THAT 67% OF PEOPLE WHO HAD TROUBLE PAYING MEDICAL BILLS REPORTED ONE-TIME OR SHORT-TERM MEDICAL EXPENSES, LIKE A HOSPITAL STAY, AS THE REASON.



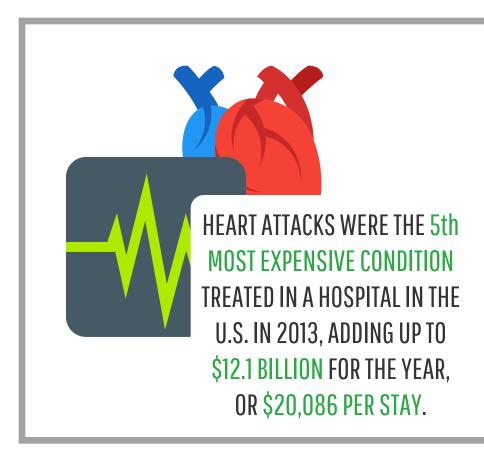
IN A 2015 SURVEY, 1 IN 5 PEOPLE WITH INSURANCE REPORTED PROBLEMS PAYING MEDICAL BILLS.



THE SAME SURVEY FOUND THAT 53% OF PEOPLE WITHOUT **INSURANCE HAD PROBLEMS PAYING MEDICAL BILLS.**



THERE WERE 141.4 MILLION E.R. VISITS IN THE U.S. IN 2014. OF THOSE, 28% (40 MILLION) WERE DUE TO INJURIES.

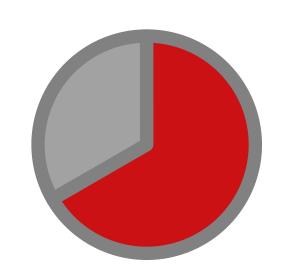


220

UNINTENTIONAL **INJURIES RESULT IN** 21 MILLION MEDICAL VISITS EACH YEAR, **TOTALING ABOUT** \$220 BILLION.

\$2,086

IN THE U.S., THE AVERAGE COST OF A HOSPITAL STAY IS OVER \$2,000 PER DAY,



IN 2009, 2/3 OF BANKRUPTCIES HAD A MEDICAL CAUSE. THAT NUMBER HAS SINCE GONE DOWN, BUT MEDICAL DEBT STILL ACCOUNTS FOR A SIGNIFICANT PORTION OF BANKRUPTCY FILINGS TODAY.

BOTTOM LINE? HEALTHCARE IS EXPENSIVE, YOU NEED A PLAN.

FIXED INDEMNITY

PAYS A LUMP SUM BENEFIT FOR **COVERED SITUATIONS**

TYPICALLY NO DEDUCTIBLE OR **COINSURANCE**

HOSPITAL INDEMNITY

PAYS A FIXED AMOUNT PER COVERED, **HOSPITAL-RELATED EXPENSE**

MAY REQUIRE AN INITIAL DEDUCTIBLE, WHICH VARIES

ACCIDENT

PAYS A LUMP SUM BENEFIT FOR **COVERED INJURIES**

TYPICALLY NO DEDUCTIBLE OR **COINSURANCE**

CRITICAL ILLNESS

PAYS A LUMP SUM BENEFIT FOR **COVERED ILLNESSES**

TYPICALLY NO DEDUCTIBLE OR COINSURANCE

ANCILLARY BENEFITS, LIKE ACCIDENT INSURANCE OR FIXED INDEMNITY PLANS, CAN BE USED FOR ANYTHING, FROM COVERING OUT-OF-POCKET MEDICAL COSTS TO MAKING MORTGAGE PAYMENTS WHILE YOU'RE SICK.



SOURCES

A Secure Life, home accident statistics: https://goo.gl/7zPRu1 The Atlantic, medical debt nationwide: https://goo.gl/5xAaPT Becker's Hospital Review, medical debt facts: https://goo.gl/dDufKS CDC, stats on ER visits, 2014: https://goo.gl/Bk7CXj CMS, national health expenditures, 2016: https://goo.gl/5zeR6o CMS, NHE fact sheet, 2016: https://goo.gl/x3KxGV eHealth, comparison of ancillary benefits: https://goo.gl/ikJU8n Federal Reserve, report on economic well-being, 2016: https://goo.gl/loviVD Health eDeals, hospital indemnity: https://goo.gl/RCyTVP HCUP, U.S. hospital costs, 2013: https://goo.gl/mRHW5Y Kaiser Family Foundation, hospital averages: https://goo.gl/rEAyCU Kaiser Family Foundation, report on medical debt, 2016: https://goo.gl/qhyJCF

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