

Aspen STM Insurance



Carrier and Underwriter



Association



Billing and Customer Service



Product Summary

Deductible Options	\$1,000, \$2,500, \$5,000, \$7,500, \$10,000
Coinsurance Options	70%, 80%, or 100%
Out of Pocket Maximum Amount	\$2,000, \$5,000, or \$10,000
Maximum Benefit	\$100,000, \$250,000, \$750,000, \$1,000,000, \$1,500,000
Length of Coverage	Available for up to 36 months of coverage depending upon state regulations
Network	<ul style="list-style-type: none">• PHCS network giving members access to in-network negotiated rate• Facility charge: Plan pays up to 150% of Medicare allowable charges
Coverage Effective Date	Next day coverage; later effective date available, but not to exceed 60 days from date of transmission
Eligibility	18-64 applicant and spouse, dependent unmarried children under 26 Child-only coverage is available for ages 2-17
Waiting Period	5 days for sickness 30 days for cancer 6 months for various covered surgeries

Who is this plan good for?

- Between jobs or have been laid off
- Waiting for employer benefits
- Part-time or temporary employee
- Recently graduated
- Without adequate health insurance

Pre-Existing Conditions Allowance Benefit:

Pre-Existing Conditions Allowance Benefit means, any eligible expenses related to Pre-Existing Conditions will be paid up to and no more than 50% of the Plan's Deductible, per Coverage Period. Deductibles and Coinsurance Payments of any eligible plan benefits are applicable to this benefit. However, payment of this benefit does not in any way affect or waive any of the Exclusions or Limitations. Once the plan has paid the amount of up to 50% of the Plan's Deductible the consumer is responsible for all claims related to the pre-existing conditions.

How will consecutive policy terms work?

When a customer applies for consecutive policy terms in one enrollment, they will be issued their initial term of coverage, and subsequent terms will be pending. Customers will not have to reapply for additional terms. The waiting period on all subsequent terms will be waived. When subsequent terms of coverage are set to begin, the customer will receive an email stating their plan has continued into the next term. The email will provide them with their new monthly rate (if applicable), and they will have the opportunity to opt out at this time.

How does the Waiver of Pre-existing Conditions Rider work?

Waiver of Pre-Existing Conditions Rider option will allow charges resulting from a condition for which a covered person received medical treatment, diagnosis, care or advice, including diagnostic tests or medications, within the initial policy.

This includes symptoms that manifested while the person was covered under the initial policy. The Waiver of Pre-Existing Conditions Rider does not become effective until the end of the Covered Person's first initial policy, no later than the day after the termination date of the initial policy.

Disclaimer:

THIS COVERAGE IS NOT REQUIRED TO COMPLY WITH CERTAIN FEDERAL MARKET REQUIREMENTS FOR HEALTH INSURANCE, PRINCIPALLY THOSE CONTAINED IN THE AFFORDABLE CARE ACT. BE SURE TO CHECK THE CERTIFICATE CAREFULLY TO MAKE SURE YOU ARE AWARE OF ANY EXCLUSIONS OR LIMITATIONS REGARDING COVERAGE OF PRE-EXISTING CONDITIONS OR HEALTH BENEFITS (SUCH AS HOSPITALIZATION, EMERGENCY SERVICES, MATERNITY CARE, PREVENTIVE CARE, PRESCRIPTION DRUGS, AND MENTAL HEALTH AND SUBSTANCE USE DISORDER SERVICES). THE INSURED'S COVERAGE ALSO HAS LIFETIME AND/OR ANNUAL DOLLAR LIMITS ON HEALTH BENEFITS. IF THIS COVERAGE EXPIRES OR THE INSURED LOSES ELIGIBILITY FOR THIS COVERAGE, YOU MIGHT HAVE TO WAIT UNTIL AN OPEN ENROLLMENT PERIOD TO GET OTHER HEALTH INSURANCE COVERAGE. THIS INFORMATION IS A BRIEF DESCRIPTION OF THE IMPORTANT FEATURES OF THIS INSURANCE PLAN. COVERAGE MAY NOT BE AVAILABLE IN ALL STATES OR CERTAIN TERMS MAY BE DIFFERENT WHERE REQUIRED BY STATE LAW. PRE-EXISTING CONDITIONS ARE NOT COVERED, AND BENEFITS ARE SUBJECT TO THE POLICY LIMITATIONS AND EXCLUSIONS. REFER TO THE POLICY, CERTIFICATE AND RIDERS FOR COMPLETE DETAILS.

Benefits	Plan 1	Plan 2	Plan 3
Plan Deductible Options	\$1,000, \$2,500, \$5,000, \$7,500	\$1,000, \$2,500, \$5,000, \$7,500	\$1,000, \$2,500, \$5,000, \$7,500, \$10,000
Coinsurance Options	70%, 80%, or 100%	70%, 80%, or 100%	70%, 80%, or 100%
Out of Pocket Maximum Options	\$2,000, \$5,000	\$2,000, \$5,000	\$2,000, \$5,000, \$10,000
Coverage Period Maximum Benefit Options	\$250,000, \$750,000, \$1,000,000	\$100,000, \$250,000, \$750,000, \$1,000,000, \$1,500,000	\$100,000, \$250,000, \$750,000, \$1,000,000, \$1,500,000
Additional Deductibles			
Outpatient Surgery Additional Deductible	No Additional Deductibles	No Additional Deductibles	\$500 per surgery after which Plan Deductible and Coinsurance will apply. Maximum 3
Emergency Room Additional Deductible	No Additional Deductibles	No Additional Deductibles	\$500 per visit after which Plan Deductible and Coinsurance will apply. Deductible is waived if admitted to hospital
Advanced Diagnostic Studies Additional Deductible	No Additional Deductibles	No Additional Deductibles	\$500 per occurrence after which Plan Deductible and Coinsurance will apply.
Copayments			
Doctor's Office Visit / Urgent Care Center	\$40 Copayment per visit, not to exceed a maximum of 3. Coinsurance is 100% of Eligible Expenses and benefits are not subject to the Plan Deductible. Office Visits in excess of the maximum number of Copayments will be subject to the Plan Deductible and Coinsurance. Any other covered services or tests performed as part of the office visit will be subject to the Plan Deductible and Coinsurance. The office visit maximum for all Doctor office visits, including any other covered services or tests performed as part of the office visit, will not exceed \$2,000 per Covered Person per Coverage Period.	\$25 Copayment per visit per Covered Person. Coinsurance is 100% of Eligible Expenses and benefits are not subject to the Plan Deductible.	\$40 Copayment per visit per Covered Person. Coinsurance is 100% of Eligible Expenses and benefits are not subject to the Plan Deductible.
Wellness Benefit	\$50 Copayment for one annual Routine Physical Exam. Coinsurance is 100% and benefits are not subject to the Plan Deductible.	\$50 Copayment for one annual Routine Physical Exam. Coinsurance is 100% and benefits are not subject to the Plan Deductible.	\$50 Copayment for one annual Routine Physical Exam. Coinsurance is 100% and benefits are not subject to the Plan Deductible.
Advanced Diagnostic Studies Copayment	Subject to Deductible and Coinsurance.	\$500 Copayment per occurrence for Advanced Diagnostic Studies in an Outpatient setting, including PET, MRI, CAT scans not to exceed a maximum of 3 Copayments per Covered Person. Coinsurance is 100% of Eligible Expenses and benefits are not subject to the Plan Deductible. Occurrences in excess of the maximum number of Copayments will be subject to the Plan Deductible and Coinsurance.	Subject to Deductible and Coinsurance.

Disclaimer: All benefits are limited to Usual and Customary Fees. Usual and Customary Fees definition may vary by state. Coverage is not limited to the benefits listed; any eligible expenses are subject to plan limitations. Please check the product certificate or master policy for complete details.

Below benefits are subject to Deductible and Coinsurance.

Benefits	Plan 1	Plan 2	Plan 3
Inpatient Hospital			
Standard Room Rate	Average Standard room rate. Benefits, including nursing services and all miscellaneous medical charges are limited to \$1,000 per day.	Average Standard room rate. Benefits, including nursing services and all miscellaneous medical charges are limited to \$4,000 per day.	Average Standard room rate.
Intensive Care or Critical Care Unit	The benefit payable for each day of confinement in an Intensive Care or Critical Care Unit. Benefits, including nursing services and all miscellaneous expenses, are limited to \$1,250 per day.	The benefit payable for each day of confinement in an Intensive Care or Critical Care Unit. Benefits, including nursing services and all miscellaneous expenses, are limited to \$4,000 per day.	The benefit payable for each day of confinement in an Intensive Care or Critical Care Unit.
Inpatient Doctor Visits	\$50 per day. Benefits for all Hospital visits during a Hospital stay are limited to \$500 per Covered Person per Coverage Period.	\$50 per day. Benefits for all Hospital visits during a Hospital stay are limited to \$500 per Covered Person per Coverage Period.	Subject to Deductible and Coinsurance.
Emergency Room	The benefit payable for each emergency room visit, including professional and facility services, will not exceed \$250 per visit. (This includes the emergency room physician charge, 24 hours surveillance and all miscellaneous medical charges).	The benefit payable for each emergency room visit, including professional and facility services, will not exceed \$500 per visit. (This includes the emergency room physician charge, 24 hours surveillance and all miscellaneous medical charges).	Subject to Additional Deductible shown above, then subject to Deductible and Coinsurance.
Outpatient Hospital Services			
Outpatient Surgical Facility	The benefit payable per day including all miscellaneous expense, is limited to \$1,250.	The benefit payable per day including all miscellaneous expense, is limited to \$2,500.	Subject to Additional Deductible shown above, then subject to Deductible and Coinsurance.
Outpatient Miscellaneous Hospital Expenses	The benefit payable for miscellaneous Outpatient Hospital expenses, excluding Outpatient Surgery. Benefits are limited to \$1,250 per Covered Person per Coverage Period for all Eligible Expenses combined.	The benefit payable for miscellaneous Outpatient Hospital expenses, excluding Outpatient Surgery. Benefits are limited to \$2,500 per Covered Person per Coverage Period for all Eligible Expenses combined.	The benefit payable for miscellaneous Outpatient Hospital expenses, excluding Outpatient Surgery.
Other Covered Services			
Surgeon	\$5,000 per surgery, for all Eligible Expenses combined, not to exceed \$10,000 per Covered Person per Coverage Period.	\$10,000 per surgery, for all Eligible Expenses combined, not to exceed \$20,000 per Covered Person per Coverage Period.	Subject to Deductible and Coinsurance.
Assistant Surgeon and Surgical Assistant	\$1,000 per surgery, for all Eligible Expenses combined, not to exceed \$2,000 per Covered Person per Coverage Period.	\$2,000 per surgery, for all Eligible Expenses combined, not to exceed \$4,000 per Covered Person per Coverage Period.	Subject to Deductible and Coinsurance.
Administration of Anesthetics	\$1,000 per surgery, for all Eligible Expenses combined, not to exceed \$2,000 per Covered Person per Coverage Period.	\$2,000 per surgery, for all Eligible Expenses combined, not to exceed \$4,000 per Covered Person per Coverage Period.	Subject to Deductible and Coinsurance.
Extended Care Facility	\$150 per day not to exceed a maximum of 30 days per Covered Person per Coverage Period.	\$150 per day not to exceed a maximum of 30 days per Covered Person per Coverage Period.	\$150 per day not to exceed a maximum of 30 days per Covered Person per Coverage Period.
Home Health Care	\$50 per visit. There is a limit of 1 visit per day not to exceed a maximum of 30 visits per Covered Person per Coverage Period.	\$50 per visit. There is a limit of 1 visit per day not to exceed a maximum of 30 visits per Covered Person per Coverage Period.	\$50 per visit. There is a limit of 1 visit per day not to exceed a maximum of 30 visits per Covered Person per Coverage Period.
Hospice Care	\$2,500 per Covered Person per Coverage Period.	\$2,500 per Covered Person per Coverage Period.	\$2,500 per Covered Person per Coverage Period.

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Benefits	Plan 1	Plan 2	Plan 3
Ambulance			
Injury	\$250 per transport	\$500 per transport	\$500 per transport
Sickness	\$250 per transport	\$500 per transport	\$500 per transport
Physical, Occupational and Speech Therapy	\$50 per day and 20 visits combined per Covered Person per Coverage Period.	\$50 per day and 20 visits combined per Covered Person per Coverage Period.	\$50 per day and 20 visits combined per Covered Person per Coverage Period.
Organ or Tissue Transplants	\$50,000 per Covered Person per Coverage Period	\$50,000 per Covered Person per Coverage Period	\$50,000 per Covered Person per Coverage Period
AIDS	\$10,000 per Covered Person per Coverage Period	\$10,000 per Covered Person per Coverage Period	\$10,000 per Covered Person per Coverage Period
TMJ	\$3,500 per Covered Person per Coverage Period	\$3,500 per Covered Person per Coverage Period	\$3,500 per Covered Person per Coverage Period
Kidney Stones	\$1,500 per Covered Person per Coverage Period	\$1,500 per Covered Person per Coverage Period	\$1,500 per Covered Person per Coverage Period
Appendectomy	\$2,500 per Covered Person per Coverage Period	\$2,500 per Covered Person per Coverage Period	\$2,500 per Covered Person per Coverage Period
Joint or Tendon Surgery	\$2,500 per Covered Person per Coverage Period	\$2,500 per Covered Person per Coverage Period	\$2,500 per Covered Person per Coverage Period
Knee Injury or Disorders	\$2,500 per Covered Person per Coverage Period for both left knee and right knee	\$2,500 per Covered Person per Coverage Period for both left knee and right knee	\$2,500 per Covered Person per Coverage Period for both left knee and right knee
Gallbladder Surgery	\$2,500 per Covered Person per Coverage Period	\$2,500 per Covered Person per Coverage Period	\$2,500 per Covered Person per Coverage Period
Mental Disorders			
Inpatient:	\$100 per day, 31 day maximum per Covered Person per Coverage Period.	\$100 per day, 31 day maximum per Covered Person per Coverage Period.	\$100 per day, 31 day maximum per Covered Person per Coverage Period.
Outpatient	\$50 per visit, 10 visits per Covered Person per Coverage Period	\$50 per visit, 10 visits per Covered Person per Coverage Period	\$50 per visit, 10 visits per Covered Person per Coverage Period
Substance Abuse			
Inpatient:	\$100 per day, 31 day maximum per Covered Person per Coverage Period.	\$100 per day, 31 day maximum per Covered Person per Coverage Period.	\$100 per day, 31 day maximum per Covered Person per Coverage Period.
Outpatient	\$50 per visit, 10 visits per Covered Person per Coverage Period	\$50 per visit, 10 visits per Covered Person per Coverage Period	\$50 per visit, 10 visits per Covered Person per Coverage Period
Option of Waiver of Pre-Existing Conditions Rider	Yes	Yes	Yes

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Limitations & Exclusions

Loss caused by, contributed to or resulting from the following is excluded or otherwise limited as specified:

1. Pre-Existing Conditions:

- a. Charges resulting directly or indirectly from a condition for which a Covered Person received medical treatment, diagnosis, care or advice, including diagnostic tests or medications, within the 24 month period immediately preceding such person's Certificate Effective Date of coverage under the Policy.
- b. Pre-Existing Conditions includes conditions that produced any symptoms which would have caused a reasonable prudent person to seek diagnosis, care or treatment within the 24 month period immediately prior to the Covered Person's Certificate Effective Date of coverage under the Policy.

This exclusion does not apply to any Eligible Expense payable for Pre-Existing Conditions until the Allowance Benefit maximum shown in the Schedule of Benefits has been reached.

This exclusion does not apply to a newborn child or newborn adopted child who is added to coverage in accordance with PART II - ELIGIBILITY AND EFFECTIVE DATE OF INSURANCE.

2. Waiting Period:

- a. Covered Persons will only be entitled to receive benefits for Sicknesses that begin, by occurrence of symptoms and/or receipt of treatment, more than 5 days following the Covered Person's Certificate Effective Date of coverage under the Policy.
- b. Covered Persons will only be entitled to receive benefits for Cancer that begins, by occurrence of symptoms or receipt of treatment more than 30 days following the Covered Person's Certificate Effective Date of coverage under the Policy.

3. Charges during the first 6 months after the Certificate Effective Date of coverage for a Covered Person for the following:

- a. Total or partial hysterectomy, unless it is Medically Necessary due to a diagnosis of carcinoma;
- b. Tonsillectomy;
- c. Adenoidectomy;
- d. Repair of deviated nasal septum or any type of surgery involving the sinus; e. Myringotomy;
- f. Tympanotomy;
- g. Herniorrhaphy; or
- h. Cholecystectomy (Gallbladder). However, if such condition is a Pre-Existing Condition, any benefit consideration will be in accordance with the Pre-Existing Conditions limitation.

4. The benefits payable for the following conditions or procedures are limited to the specified amounts shown in the Schedule of Benefits:
 - a. Kidney stones
 - b. Appendectomy
 - c. Joint or tendon Surgery
 - d. Knee Injury or disorder
 - e. Acquired Immune Deficiency Syndrome (AIDS)/ Human Immuno-deficiency Virus (HIV)
 - f. Gallbladder Surgery
5. Charges which are not incurred by a Covered Person during his/her Coverage Period.
6. Charges which exceed any limits or limitations specified in this Certificate, including the Schedule of Benefits.
7. Charges for services of supplies in excess of the Maximum Allowable Expense.
8. Charges for services or supplies which are not administered by or under the supervision of a Doctor.
9. Mental, emotional or nervous disorders or counseling of any type, unless specifically covered as an Eligible Expense.
10. Marital counseling or social counseling.
11. Treatment for Substance Abuse, unless specifically covered as an Eligible Expense.
12. Outpatient Prescription Drugs, unless specifically covered as an Eligible Expense. This does not include those administered by a Doctor in an Inpatient or Outpatient setting covered as an Eligible Expense.
13. Medications, vitamins, and mineral or food supplements including pre-natal vitamins, or any over-the-counter medicines, whether or not ordered by a Doctor.
14. Any drug, treatment or procedure that either promotes or prevents conception including but not limited to: artificial insemination, treatment for infertility or impotency, sterilization or reversal of sterilization.
15. Any drug, treatment or procedure that corrects impotency or non-organic sexual dysfunction.
16. Modifications of the physical body in order to improve the psychological, mental or emotional well-being of the Covered Person, such as sex-change surgery.
17. Cosmetic Treatment, except for reconstructive surgery where expressly covered as an Eligible Expense.
18. Weight modification or surgical treatment of obesity.

Limitations & Exclusions Cont.

19. Eye surgery, including LASIK, when the primary purpose is to correct nearsightedness, farsightedness or astigmatism.
20. Dental Expenses, except as necessary to restore or replace sound and natural teeth lost or damaged as a result of an Injury. The Injury must be severe enough that the contact with the Doctor occurs within seventy-two (72) hours of the Accident, unless extenuating circumstances exist due to the severity of the Injury that prevent you from contacting the Doctor.
21. Expenses incurred in the treatment by any method for jaw joint problems including temporomandibular joint dysfunction (TMJ), TMJ pain syndromes, craniomandibular disorders, myofascial pain dysfunction or other conditions of the joint linking the jaw bone and skull and the complex of muscles, nerves and other tissues related to the joint, unless specifically covered as an Eligible Expense.
22. Routine pre-natal care, Pregnancy, child birth, and post-natal care. (This exclusion does not apply to "Complications of Pregnancy" as defined.)
23. Sclerotherapy for veins of the extremities.
24. Abortions, except in connection with covered Complications of Pregnancy or if the life of the expectant mother would be at risk.
25. Joint replacement or other treatment of joints, spine, bones or connective tissue including tendons, ligaments and cartilage. This exclusion does not apply if these treatments are related to a covered Injury.
26. Surgeries, treatments, services or supplies which are deemed to be Experimental Treatment.
27. Chronic fatigue or pain disorders.
28. Kidney or end stage renal disease.
29. Treatment or diagnosis of allergies, except for emergency treatment of allergic reactions.
30. Treatment for cataracts.
31. Treatment of sleep disorders.
32. Treatment required as a result of complications or consequences of a treatment or condition not covered under this Certificate.
33. Treatment incurred as a result of exposure to non-medical nuclear radiation and/or radioactive material(s).
34. Treatment for acne, moles, skin tags, diseases of sebaceous glands, seborrhea, sebaceous cyst, unspecified disease of sebaceous glands, hypertrophic and atrophic conditions of skin, nevus.
35. Treatment for or related to any Congenital Condition, except as it relates to a newborn child or newborn adopted child added as a Covered Person pursuant to the terms of this Certificate.
36. Treatment, medication or hormones to stimulate growth, or treatment of learning disorders, disabilities, developmental delays or deficiencies, including therapy.
37. Spinal manipulation or adjustment.
38. Biofeedback, acupuncture, recreational, sleep or MIST Therapy®, holistic care of any nature, massage and kinesiotherapy, unless specifically covered as an Eligible Expense.
39. Hypnotherapy when used to treat conditions that are not recognized as Mental Disorders by the American Psychiatric Association, and non-medical self-care or self-help programs.
40. Eyeglasses, contact lenses, hearing aids, hearing implants, eye refraction, visual therapy, orthoptics, visual eye training and any examination or fitting related to these devices, and all vision and hearing tests and examinations.
41. Care, treatment or supplies for the feet, and orthopedic prescription devices to be attached to or placed in shoes.
42. Treatment of weak, strained, flat, unstable or unbalanced feet, metatarsalgia or bunions; treatment of corns, calluses or toenails; and orthopedic shoes.
43. Care and treatment for hair loss including wigs, hair transplants or any drug that promises hair growth, whether or not prescribed by a Doctor.
44. Exercise programs, whether or not prescribed or recommended by a Doctor.
45. Telephone or Internet consultations and/or treatment or failure to keep a scheduled appointment.
46. Charges for travel or accommodations, except as expressly provided for local ambulance.
47. All charges incurred while confined primarily to receive Custodial or Convalescent Care.
48. Services received or supplies purchased outside the United States, its territories or possessions, or Canada unless specifically covered as an Eligible Expense.
49. Any services or supplies in connection with cigarette smoking cessation.

Disclaimer: This is a brief description of Aspen STM Short Term Medical plan limitations and exclusions, terms and conditions may be different where required by state law. Please check the product certificate or master policy for complete details on benefits, limitations, and exclusions.

Limitations & Exclusions Cont.

50. Any services performed or supplies provided by a member of a Covered Person's Immediate Family.
51. Services received for any condition caused by a Covered Person's commission of or attempt to commit an assault, battery, or felony, whether charged or not, or to which a contributing cause was the Covered Person being engaged in an illegal occupation.
52. Services or supplies which are not included as Eligible Expenses as described herein.
53. Participating in hazardous occupations or other activity including participating, instructing, demonstrating, guiding or accompanying others in the following: operation of a flight in an aircraft other than a regularly scheduled flight by a commercial airline, professional or semi-professional sports, extreme sports, parachute jumping, hot-air ballooning, hang-gliding, base jumping, mountain climbing, bungee jumping, scuba diving, sail gliding, parasailing, para kiting, rock or mountain climbing, cave exploration, parkour, racing including stunt show or speed test of any motorized or non-motorized vehicle, rodeo activities, or similar hazardous activities. Also excluded is Injury received while practicing, exercising, undergoing conditional or physical preparation for such activity.
54. Injuries or Sicknesses resulting from participation in interscholastic, intercollegiate or organized competitive sports. This does not include dependent children participating in local community sports activities.
55. Injury resulting from being under the influence of or due wholly or partly to the effects of alcohol or drugs, other than drugs taken in accordance with treatment prescribed by a Doctor.
56. Intentionally self-inflicted Injury or Sickness (whether the Covered Person is sane or insane).
57. Charges resulting from a declared or undeclared war, or from voluntary participation in a riot or insurrection.
58. Charges incurred by a Covered Person while on active duty in the armed forces. Upon written notice to Us of entry into such active duty, the unused premium will be returned to the Covered Person on a pro-rated basis.
59. Costs for Routine Physical Exams or other services not needed for medical treatment, unless specifically covered as an Eligible Expense.
60. Charges You or Your Covered Dependent are not required to pay, or which would not have been billed, if no insurance existed.
61. Charges to the extent that they are paid or payable under other valid or collectible group insurance or medical prepayment plan.
62. Charges that are eligible for payment by Medicare or any other government program except Medicaid. Costs for care in government institutions unless You or Your Covered Dependent are obligated to pay for such care.
63. Charges related to Injury or Sickness arising out of or in the course of any occupation for compensation, wage or profit, if the Covered Person is insured, or is required to be insured, by occupational disease or workers' compensation insurance pursuant to applicable state or federal law, whether or not application for such benefits have been made.
64. Medical expenses which are payable under any automobile insurance policy without regard to fault (does not apply in any state where prohibited).

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Network & Repricing

Practitioner & Ancillary



Persons insured under this plan may choose to be treated within, or out of, the PHCS network. This membership entitles your clients access to doctors and hospital facilities who have contracted to provide specific medical care at negotiated prices. Locate providers by visiting www.multiplan.com and selecting the appropriate network.

Facility Charge

Plan pays up to 150% of Medicare allowable charge.

Association



AFEUSA strives to bring the member the most current information on business, technology, and related processes to help the member grow the confidence needed to succeed. Entrepreneurships takes a much different shape today than in the past. In fact, the member may have a business and not even know it.

The member might be selling goods on eBay, repairing old cars and posting ads online, might be a grandmother who babysits kids, or an Uber or Lyft driver. We are always eager to chat with our members. We are here for you! With AFEUSA its success by association.

Needy Meds

A nationwide nonprofit that can help the consumer find programs that assist with the cost of medicines and healthcare. All the services are free and the information is easy to access and update regularly.

LensCrafters Vision Club

The member's source for discounts on purchases at any Lens-Crafters. AFEUSA members will receive savings at all Lens-Crafters locations nationwide, as well as, get a 20% discount on all purchases. Best of all discounts may be used by all family members, with unlimited usage!

Elder Care - Provided by Griswold Home Care

As a member you will be connected with an experienced professional to help determine needs and best course of action, as well as, be provided resources and information on Alzheimer's and other special the needs. If it is determined that home care services are appropriate, we will have a senior care advisor come to the member's home to do a needs, care and home safety assessment at no charge.

Long Term Care

Offers members access to Long Term Care insurance nationwide to millions of members from all around the states.

Credit Clinic

Provides credit seminars and face to face consultations to better prepare our customers for the future. AFEUSA members will not only get a free credit report, they will also have the "First Work & Set Up" fee waived and be charged only for the monthly fee of \$149.

ACI Specialty Benefits

As a member, you get access to personalized assistance and resources to make your life better, are eligible to receive legal and financial consultation for unlimited number of issues at no cost, as well as access to reliable and affordable local child care.

ID Shield

Our Licensed Private Investigators will do whatever it takes for as long as it takes to restore the member's identity to its pre-theft status.

Sky Med Travel UNIVERSE

If a member sustains a critical illness or injury while traveling in one of the 32 countries that make up the SkyMed UNIVERSE, they will be repatriated back to their home hospital of choice. Emergency situations don't come with a warning: SkyMed offers peace of mind that can translate into thousands of dollars in savings should the member need a medical evacuation when traveling.

Disclaimer: AFEUSA association discounts and services mentioned in this brochure are not insurance and are not provided by AXIS Insurance Company.

Association



Avis and Budget Car Rental Discounts

Take advantage of affordable auto rental rates from Avis and Budget.

Sky Med Travel

Members get exclusive rates on hotels, car rentals and cruise plus pay no booking fees on flights.

True Car Auto Buying Service

The member can save time and money shopping for a new or used car with the member auto buying service through True Car.

Members receive exclusive pricing and price protection, so they be guaranteed to receive the lowest price.

Costco

A member can join Costco as a new member and receive exclusive coupons valued at over \$60, including 3 FREE items. AFEUSA members can order a Membership Certificate online only.

UPS Express Delivery Services

Member Discounts on UPS Delivery Services include Next Day Air, Express Delivery, Worldwide package services and more. AFEUSA members receive:

- 14%-28% Off Next Day Air®/Next Day Air® Saver Letter/Package and Worldwide
- 10%-21% Off UPS 2nd Day Air® A.M. and 2nd Day Air® Letter/Package 3 Day
- 1%-5% Off UPS Standard to Canada
- 10% Off UPS international import including UPS Worldwide Express/Savers/Expedited/ Standard to Canada

Office Depot and OfficeMax Discounts

Association members can save up to 80% on over 93,000 products and enjoy free next day delivery on online orders over \$50. Members can also save on average 30% off retail prices on all product categories including office and cleaning supplies, break room furniture, technology, copy & print and more!

Gusto – Payroll, Benefits and HR Services

Creating a world where work empowers a better life and with the belief that great businesses treat their employees like people, not ID numbers. We automatically file your payroll taxes, generate your W-2s and full service payroll.

Regular pricing is merely \$39/month base fee, plus \$6/month per participant.

(No hidden fees, no setup fees or annual contracts.)

Eric'sJobs.com

Eric'sJobs.com provides a job posting platform that gives the member the exposure they need in today's job market. With well over 125 cities and growing, Eric's Jobs can help both the employer and the employee with their employment needs. Whether the member is posting a job or needing one, by using Eric's Jobs, AFEUSA members can save 10%.

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Association



Trapp Technology

Trapp Technology offers many solutions to help the member advance the efficiency and safety of their business. All services offer 24/7/365 US-based network monitoring and reporting. Services available to AFEUSA members include Cloud Hosting, Hosted VoIP Phone Systems and Managed Security Services. AFEUSA members receive waived set-up fees and a 10% discount on cloud hosting services, 20% discount on DOTVOX services with a 12-month contract and 15% discount on ArmorPoint services.

GoSmallBiz.com

GoSmallBiz.com is a comprehensive resource for any small business owner looking to start, run and grow his/her business. GoSmallBiz.com has provided unparalleled resources and support to small business owners across North America starting as low as \$1 per day. AFEUSA members receive \$10 off the regular price of \$39 per month with no contracts, no obligations and can cancel at any time!

E6 Agency

E6 Agency is a personalized boutique IT services company providing custom solutions in Graphic Design, Website Development, Video & Automation, Social Media and related activities as well as Data Management and Cyber Security. AFEUSA members receive 20% savings.

Joel Weldon Consultant and Executive Speech Coach

Joel Weldon Consultant and Executive Speech Coach will help the member become even more effective at communicating. Joel will coach and guide the member for an hour as part of their membership in AFEUSA for free.

Super Shuttle

Super Shuttle is the leading airport shuttle service in the US, serving over 80 airports globally. Whether traveling solo, for business or taking a family vacation, Super Shuttle has a variety of transportation solutions. Special pricing for AFEUSA members includes a 10% discount on most shuttle services. Be sure to create a profile and earn EXTRA airline reward points.

CARCHEX

CARCHEX is the premier provider of direct-to-member automotive products and services. AFEUSA members receive \$200 off all Vehicle Protection Plans!

ADP

ADP helps the member focus on what they do best – running their businesses. ADP helps thousands of clients every day by processing payroll, calculating, depositing, and filing payroll tax documents.

AFEUSA members receive 25% Discount on processing costs*, free month of payroll processing services and a waived one-time setup fee.

*Minimum 25% off for new customers & up to 25% off for existing customers.

* Total Source customers are not eligible for the 25% discount.

Take Charge America

Get help eliminating debt and tackling other financial challenges with complimentary and low cost debt counseling services from Take Charge America. Services available to AFEUSA members include Credit Counseling, Debt Management Plans, Student Loan Counseling, Student Loan Repayment Plan Assistance and Pre-purchase Housing Counseling. AFEUSA members receive a free debt review.

Disclaimer: AFEUSA association discounts and services mentioned in this brochure are not insurance and are not provided by AXIS Insurance Company.

Association



EJ Pro Lease

EJ Pro Lease can help finance the equipment the member needs to run a successful business. All industries, all equipment. From \$5,000 to \$500,000. Low down payments and terms from 24-60 months are available even to those with less than perfect credit. AFEUSA members save \$100 off the documentation fee and receive a free evaluation on leasing options and payment plans.

goMerchant Integrated Payments

goMerchant Integrated Payments has designed a program specifically for members of AFEUSA with mobile apps, online portals and shopping cart platforms that can be used with either brick-and-mortar shops or those who remain virtual. AFEUSA members receive Free EMV chip-compatible mobile card reader (\$90 value), Marketing and Sales Growth Coaching session with a step-by-step website traffic acquisition plan from our partner marketing agency (\$700 value), 10% discount on their monthly fee. *Included in the AFEUSA package, they will receive a Hosted Payment Page Builder, allowing the member to quickly build a page within their website to accept payments online.

Answer Financial

Answer Financial offers shoppers the opportunity to compare prices and purchase auto and home insurance from top companies through its award-winning website or customer call center. Insurance shoppers in all 50 states can compare insurance prices from some of the more than 30 top-rated insurers that Answer Financial represents.

BurnAlong

BurnAlong helps the member achieve their health and wellness goals through personalized online video classes and

programming (1000+ classes across 30+ categories), social motivation, supported by human and machine guidance. As long as the member has a smart phone or tablet, and/or have access to a video or TV screen, they can take their classes for as little as \$60 per year! After joining, they have unlimited access to all exercise and wellness classes. There are no additional fees to participate and AFEUSA members save 50%.

Rx Valet

Rx Valet offers retail pickup and delivery at over 67,000 locations. With Rx Valet, the member pays no premium for this service and they only pay for the medications they or their family needs, when they need them. Members will also get access to Rx Valet's international pharmacy program, diabetic supply program, prescription assistance program (PAP), pharmacy advocacy and Rx Valet for pets.

RX VALET IS NOT INSURANCE.

Available at Any U.S. Pharmacy for the Same Low Price. Guaranteed.

Benefit Hub

Benefit Hub is the world's most comprehensive discount marketplace with over 300,000 vendor partners offering valuable discounts on local restaurants, spas, gyms, health/wellness, personal care services, travel, entertainment, airfare, hotel, rental car discounts, mortgage/refinancing options, computers, electronics, cars/trucks, home décor, office supplies, sporting events, concerts, theaters, movies, theme parks, and more! There is absolutely no cost to receive and redeem these benefits and the member can opt-out at any time.

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Association



Home Chef

Home Chef offers a variety of meal choices and quantities along with various diet restrictions, allergies or food sensitivities. Choose from hundreds of well-prepared meal options that are delivered fresh right to the member's door! Easy to use instructions can have dinner ready in a matter of 30 minutes or less. AFEUSA members receive \$35 off their first order!

InfoArmor

For as little as \$9.95 per month, InfoArmor provides a proactive monitoring service that alerts the member at the first sign of fraud. The member will get alerts for credit inquiries, accounts opened in their name, compromised credentials, financial transactions, and more. Enrolling their family extends that protection to anyone in their household.

LegalShield

For as little as \$20 a month, LegalShield gives the member the ability to talk to an attorney 24/7 on any personal legal matter without worrying about high hourly costs. Some of the services they will receive for personal legal matters include letters/ phone calls on their behalf, a video law library, legal document review, Will preparation, and advice on an unlimited number of topics.

Non-Insurance Benefits



SingleCare can save you up to 80% on prescriptions, and on average, our prices are 45% lower than retail. In many cases, less than the cost through an insurance plan. You only pay for the prescriptions you need, at the pharmacy of your choice.



Karis360's team of expert Patient Advisors work with members to assist in navigating the confusing and expensive world of healthcare, taking the hassle out of healthcare and saving them valuable time and money.

Disclaimer: Non-Insurance benefits are not insurance and do not provide coverage. They only provide discounts and services. These benefits are not affiliated with Aspen American Insurance Company.