



# Aspen STM Insurance



**Carrier and Underwriter**

**Association**

**Billing and Customer Service**





## Product Summary

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

### Benefits:

- Recently graduated
- Without adequate health insurance

### Pre-Existing Conditions Allowance Benefit:

The 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 you choose a consecutive policy terms in one enrollment, you will be issued an initial term of coverage, and subsequent terms will be pending.

You 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, you will receive an email stating your plan has continued into the next term. The email will provide you with your new monthly rate (if applicable), and you 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 MIGHT ALSO HAVE LIFETIME AND/OR ANNUAL DOLLAR LIMITS ON HEALTH BENEFITS. IF THIS COVERAGE EXPIRES OR YOU LOSE ELIGIBILITY FOR THIS COVERAGE, YOU MIGHT HAVE TO WAIT UNTIL AN OPEN ENROLLMENT PERIOD TO GET OTHER HEALTH INSURANCE COVERAGE. THIS PRODUCT IS UNDERWRITTEN BY ASPEN AMERICAN INSURANCE COMPANY.

<b>Benefits</b>	<b>Plan 1</b>	<b>Plan 2</b>	<b>Plan 3</b>
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
<b>Additional Deductibles</b>			
Outpatient Surgery Additional Deductible	N/A	N/A	\$500 per surgery after which Plan Deductible and Coinsurance will apply. Maximum 3
Emergency Room Additional Deductible	N/A	N/A	\$500 per visit after which Plan Deductible and Coinsurance will apply. Deductible is waived if admitted to hospital.
Advanced Diagnostic Studies Additional Deductible	N/A	N/A	\$500 per occurrence after which Plan Deductible and Coinsurance will apply.
<b>Copayments</b>			
Doctors' 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 any other covered services or tests 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	N/A	\$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.	N/A

Below benefits are subject to Deductible and Coinsurance.

<b>Benefits</b>	<b>Plan 1</b>	<b>Plan 2</b>	<b>Plan 3</b>
<b>Inpatient Hospital</b>			
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.
<b>Outpatient Hospital Services</b>			
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.
<b>Other Covered Services</b>			
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.

<b>Benefits</b>	<b>Plan 1</b>	<b>Plan 2</b>	<b>Plan 3</b>
<b>Ambulance</b>			
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
<b>Mental Disorders</b>			
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
<b>Substance Abuse</b>			
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

**Disclaimer:** Coverage is not limited to the benefits listed in this document; any eligible expenses are subject to plan limitations. 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.

# Limitations & Exclusions

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 new born 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. Herniorraphy; 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 (Con't)

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 postnatal 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.



## Limitations & Exclusions (Con't)

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 prorated 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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# Association



AFEUSA strives to bring the consumer the most current information on business, technology, and related processes to help your consumer grow the confidence needed to succeed. Entrepreneurships takes a much different shape today than in the past. In fact, your consumer may have a business and

not even know it. Your consumer 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! Let's find success by association, together.



## **Pengele LLC - Web Development and Design Services**

Provides the advantage of: cloud services and migrations, website development, maintenance, mobile app development as well as custom application development.



## **Needy Meds**

A nationwide nonprofit that can help the consumer find programs that assist with the cost of medicines and healthcare.



## **LensCrafters Vision Club**

Your source for discounts on purchases at any Lens-Crafters.



## **Elder Care - Provided by Griswold Home Care**

As a member you will be connected with experienced professional to help determine needs and best course of action, provide resources and information on Alzheimer's and other special needs. If you are determined that home care services are appropriate, we will have a senior care advisor come to your 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 (except Hawaii and Alaska) via multiple top name carriers.



## **Credit Clinic**

Provides credit seminars and face to face consultations to better prepare our customers for the future.



## **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 your identity to its pre-thefts status.

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

# Association



## **SkyMed Annual Programs**

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.



## **Car Rental Discounts**

Take advantages 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**

You 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 you be guaranteed to receive the lowest price.



## **Costco**

Choice of Executive or Gold State Membership to Costco



## **UPS Express Delivery Services**

Improved Program—Featuring Lower Rates!  
Member Discounts on UPS Delivery Services



## **Office Depot and OfficeMax Discounts**

Association members can save up to 80% on over 93,000 products. Enjoy free next day delivery on online orders over \$50! Enjoy free next-day delivery on online orders over \$50! Members save on average 30% off retail prices on all product categories including office supplies, cleaning, and 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.