




The
One Advantage
Program

This booklet is intended only to highlight benefits of The One Advantage Program.

Rates and provisions of insurance products are subject to change. Actual coverage is subject to the terms and conditions of the contract when it becomes effective.

A complete listing of all the limitations, services, exclusions and terms and conditions of the insurance product benefits offered will be contained in the Certificate of Coverage and Plan Document.

Programs offered may contain multiple carriers.



A comprehensive line of
benefits to help you
protect your family

The One Advantage Program

The One Advantage Medical Choices

Advantage Plan One

One Advantage Bronze

Advantage Plan Two

One Advantage Silver

Advantage Plan Three

One Advantage Gold

Advantage Plan Four

One Advantage Elite

The One Advantage — Life Insurance

\$50,000 Ten year Term Level plan for you and your spouse.
Add \$5000 policy for each child for \$1 per child per month.

The One Advantage — Disability Income Protection

Keep income coming into your household when you are sick or injured.

The One Advantage — Critical Illness

Lump sum payment if you are diagnosed with a defined critical illness.

The One Advantage — Vision

Protect your vision and your family's vision. Plan offers one free exam every 12 months so you can be sure of the best vision possible.

The One Advantage — Dental

Primary or Comprehensive choices for you and your family.



The One Advantage Program

After 30 days of membership in AFID, members in good standing are eligible to participate in the One Advantage Program. AFID Membership level determines which benefits options are available for members. Please see the information below to determine what level of AFID membership will best suit your enrollment opportunity. **AFID Membership level may change as your employment or income status changes.**

Division 1: Individual Member

Division 2: Individual Self-Employed Independent Contractors

Division 3: Sponsoring Members (to identify a specific group only)

Eligibility per Membership Level

Level 1 Eligibility of Benefits Qualifications

Age 18 years and older (no maximum age limit)
If unemployed eligible to join association and receive only non-insurance benefits
Does NOT qualify for any insurance benefits

Level 2 Eligibility of Benefits Qualifications

Age 18 and over to age 64 * Working Part-Time 20 hrs or less a week
Association Benefits
May purchase Plan 1 or Plan 2 w/RX Card (Guarantee Issue No Pre Ex)
Critical Illness option * Life Option up to \$25,000 * Dental and Vision

Level 3 Eligibility of Benefits Qualifications

Age 18 and older to age 64 * Working 30 hrs or more weekly
NO length of employment required
Must be earning \$10,000.00 or more annually
Association Benefits
May purchase Plans 1-4 w/RX Card (Guarantee Issue No Pre-Ex)
May purchase Bronze, Silver or Gold Plans
Disability Insurance * Critical Illness Coverage
Life Insurance up to \$50,000 * Dental and Vision

Level 4 Eligibility of Benefits Qualifications

Age 18 and older up to age 64
Working minimum of 30 hrs a week or more
Been employed minimum of 6 months with current employer
Earning \$20,000.00 or more annually
Eligibility for all Benefits including Major Medical

For a complete listing of benefits, eligibility levels and options available for each AFID membership level, see page 10 of this booklet.

The One Advantage Plans

Benefit	Plan 1	Plan 2	Plan 3	Plan 4
<p>Physician Office Visit/Hospital ER Visit (per visit)</p> <p>If you are injured in a covered accident or have treatment as the result of a covered sickness, benefits will be paid for each visit as shown in the Benefits Schedule for physician's office charges and ER charges. This benefit is limited to 6 visits (Plans 1 or 2) or 8 visits (Plans 3 or 4) per calendar year.</p>	\$50	\$75	\$75	\$100
<p>Hospital Admission Benefit (per admission)</p> <p>This benefit is payable when you are admitted to a hospital other than a recovery room and confined as a resident bed patient because of injuries received in a covered accident or because of a covered sickness. In order to receive this benefit for injuries received in a covered accident, you must be admitted to a hospital within 6 months of the date of the covered accident.</p>	\$500	\$1,000	\$1,000	\$1,500
<p>Daily Hospital Confinement Benefit (per day)</p> <p>This benefit is payable for a maximum of 30 days, subject to the elimination period, if any, when you are confined to a hospital as a resident bed patient as the result of injuries received in a covered accident or because of a covered sickness. In order to receive this benefit for injuries received in a covered accident, you must be confined to a hospital within 6 months of the date of the covered accident (\$12,000 Plan 1 or \$30,000 Plans 2-4 maximum per confinement).</p>	\$400	\$1,000	\$1,000	\$1,000
<p>Intensive Care Benefit (per day)</p> <p>If you are confined in a hospital intensive care unit due to an injury received in a covered accident or because of a covered sickness, the daily benefit amount shown will be paid for a maximum of 30 days. In order to receive this benefit for a covered accident, you must be admitted to a hospital intensive care unit within 6 months of the date of the covered accident. This benefit pays in addition to the Daily Hospital Confinement Benefit (\$15,000 Plan 1 or \$30,000 Plans 2-4 maximum per confinement).</p>	\$500	\$1,000	\$1,000	\$1,000
<p>Surgical Benefit</p> <p>If surgery due to an injury received in a covered accident or because of a covered illness is performed by a physician, plan pays the amount for the Surgical Operation shown opposite the procedure listed in the Schedule of Operations up to the maximum amount shown per surgical procedure. The surgery can be performed in a hospital (on an inpatient or outpatient basis), in an Ambulatory Surgical Center, or in a physician's office.</p>	Up To \$500	Up To \$2,000	Up To \$5,000	Up To \$10,000

This is not basic health insurance or major medical coverage and is not designed as a substitute for basic health insurance or major medical coverage. Hospital indemnity plans are exempt from coordination of benefits provisions.

Pregnancy will not be covered if conception occurred before the Effective Date of an Insured Person's Certificate. Pregnancy will be covered as any other sickness when date of conception is after the Insured Person's Effective Date of coverage.

Benefits—One Advantage Plans (continued)	Plan 1	Plan 2	Plan 3	Plan 4
<p>Anesthesia Benefit</p> <p>When a surgical procedure is performed that is covered under the Surgical Benefit, plan pays for anesthesia administered by a physician in connection with such procedure. Benefits will be 25% of the amount paid under Surgical Benefit.</p>	Up To \$125	Up To \$500	Up To \$1,250	Up To \$2,500
<p>Ambulance Benefit (per accident)</p> <p>If you require transportation to a hospital by a professional ambulance service within 90 days after a covered accident, plan pays the amount shown.</p>	\$100	\$200	\$300	\$500
<p>Diagnostic Tests</p> <p>Plan pays the amount shown for the following diagnostic procedures performed on an outpatient basis because of a covered sickness or injuries received in a covered accident:</p> <p>Magnetic Resonance Imaging (MRI) \$250/\$500 Computed Axial Tomography (CAT Scan) \$250/\$500 X-Ray \$ 50/ \$100</p> <p>Plan pays no more than the amount shown per calendar year for each insured due to the above outpatient diagnostic procedures.</p>	Up To \$1,250	Up To \$2,500	Up To \$2,500	Up To \$2,500
<p>Outpatient Diagnostic Lab (per test)</p> <p>Plan pays the amount shown for tests performed in an outpatient lab because of a covered sickness or injuries received in a covered accident. Plan pays for no more than 3 tests per calendar year for each insured due to the outpatient diagnostic lab procedures. Not paid in addition to the Wellness Benefit.</p>	\$75	\$75	\$75	\$100
<p>Out Patient Accident Expense (per accident)</p> <p>If you are injured in a covered accident and receive treatment in an outpatient facility from a physician within one year after the accident, plan pays up to the amount shown for actual expenses related to: ER services and supplies; appliances; physician services.</p>	Up To \$500	Up To \$1,000	Up To \$2,000	Up To \$5,000
<p>Outpatient Facility Surgery Fee (per surgery)</p> <p>Plan pays an additional indemnity benefit as shown for Outpatient Surgery fees facility.</p>	\$100	\$100	\$100	\$100
<p>Wellness Benefit</p> <p>Plan pays the amount shown per calendar year when you visit a doctor and you are neither injured nor sick.</p>	\$50	\$100	\$100	\$100
<p>Well Baby Care</p> <p>Plan pays the amount shown on the Benefit Schedule page per visit. Pays for up to 4 visits per calendar year per insured baby. (Definition of “baby” is a dependant child 12 months of age or younger.)</p>	\$50	\$50	\$50	\$50

This is not basic health insurance or major medical coverage and is not designed as a substitute for basic health insurance or major medical coverage. Hospital indemnity plans are exempt from coordination of benefits provisions.

Benefits—One Advantage Plans (continued)	Plan 1	Plan 2	Plan 3	Plan 4
<p>Group Critical Illness Benefit*</p> <p>Plan pays the amount shown for any of the following critical illnesses: cancer, heart attack, stroke, major organ transplant and renal failure.</p> <p>Spouses covered at 50% and children covered at 10% of the amount shown.</p> <p>Includes Additional and Re-occurrence Benefits.</p>	\$2,000	\$4,000	\$6,000	\$10,000

*** Critical Illness coverage subject to pre existing condition limitation.**

Limitations and Exclusions—Critical Illness

If diagnosis occurs after the age of 70, half the benefit is payable

Critical Illness policy contains a 30 day waiting period. This means that no benefits are payable for any insured before his coverage has been in force for 30 days. If an insured is first diagnosed during the waiting period, benefits for that critical illness will apply only to loss starting after 2 years from his effective date or the member can elect to void the coverage and receive a refund of premium.

The applicable benefit amount will be paid if: the date of diagnosis is after the 30 day waiting period; the date of diagnosis occurs while the certificate is in force; and the cause of the illness is not excluded by name or specific description.

Benefits will not be paid for loss due to:

1. Intentional self-inflicted injury or action;
2. Suicide or attempted suicide while sane or insane;
3. Illegal activities or participation in an illegal occupation;
4. War, whether declared or undeclared or military conflict, participation in an insurrection or riot, civil commotion or state of belligerence;
5. Substance abuse; or
6. Pre-existing conditions (except as stated in Pre-Existing Condition Limitations below)

Pre-existing Condition Limitation

“Pre-existing Condition” means a sickness or physical condition which, within the 12-months period prior to the effective date of the certificate, either: 1. resulted in an insured person’s receiving medical advice or treatment or 2. caused symptoms for which an ordinarily prudent person would seek medical advice or treatment.

Plan will not pay benefits for any condition or illness starting within 12 months of the effective date which is caused by, contributed to, or resulting from a pre-existing condition. A claim for benefits for loss starting after 12 months from the effective date will not be reduced or denied on the grounds that it is caused by a pre-existing condition. A condition will no longer be considered pre-existing at the end of 12 consecutive months starting and ending after the effective date.

This is not basic health insurance or major medical coverage and is not designed as a substitute for basic health insurance or major medical coverage. Hospital indemnity plans are exempt from coordination of benefits provisions.

The One Advantage ELITE

Part A	The One Advantage Elite	
Office Visit - (Not subject to pre-existing) Pays a specified benefit for treatment in a physician's office or out of hospital facility due to a covered sickness or accident. This benefit pays 1½ times the benefit for a sickness or accident treated in a hospital emergency room.	\$50 per visit Maximum 4 visits per member/ 4 per spouse and 4 total for ALL children per calendar year	
Hospital Confinement Per Day Pays the daily benefit for hospital confinement (resident bed patient) due to a covered injury or sickness beginning with the first day for up to 180 days.	Paid at \$50 per day Maximum benefit coverage: 180 days	
First Hospital Confinement Benefit Pays the benefit amount for the Insured's first hospital confinement for a covered injury or sickness during the calendar year, based on the total number of days of hospital confinement.	Up to \$5,000 Schedule: 1st day: \$500; 2nd Day: \$500 3rd Day: \$1,000; 4th day: \$1,000 5th day: \$1,000; 6th day: \$1,000	
Critical Illness Benefit Pays for treatment of a defined critical illness.	Up to \$5,000 maximum	
Accident Plan Medical Expense Benefit pays for treatment of accident after payment of \$100 annual deductible.	\$5,000 per occurrence (subject to \$100 Deductible)	
Lab & Imaging Provides reduced pricing for testing requested by network physicians.	Discounted up to 70%	
Network Re-pricing Utilize our Beech Street Network and you can qualify for discounts on your doctor and hospital care.	Included	
Prescription Drug Card The One Advantage Rx (No deductible applies and is not subject to pre-existing conditions)	Generic Prescriptions - \$10.00 Excludes Injectables and Patches Name Brand - Discount (varies per medication)	
Patient Advocacy Assistance in claim management, treatment options and providing a better understanding of how the program works.	Included	
Part B	In-Network	Out-of-Network
Annual Deductible Must be met separately for 2 or more family members. In all cases, other than individual, the \$20,000 deductible must be met before benefits will be paid.	\$10,000 Member \$20,000 for family of 2 or more	
Co-Insurance	NONE	20% next \$10,000
Lifetime Maximum Benefit	\$1,000,000 per person Annual limit of \$250,000 per person per year	
*Benefits received under Part A will be applied toward the annual deductible. Excludes prescription drug benefits.		

This brief summary of benefits is intended only to highlight program benefits. A complete listing of all the services, limitations, exclusions and terms and conditions of the program is contained in the Group Policy and Certificate Booklet. For complete list of benefits see the Certificate of Coverage and Plan Document. Program offered contains multiple carriers.

**Once Annual Deductible is met In-Network services are paid at 100%
Out-of-Network services are paid at 20% for the next \$10,000 then paid at 100%**

Medical Office Visits	Emergency Room	Hospital Room and Board: Semi-Private Room
Radiation and Chemotherapy	Diagnostic X-ray, CAT Scan/MRI	Intensive Care Unit / Hospital Expenses -not to exceed 2 times the rate for semi-private room
Laboratory Services	Dialysis treatment	Services of physician, surgeon, anesthetist, radiologist, assistant surgeon and pathologist
Rental and expense of wheelchairs, hospital beds and other durable medical equipment of this type are covered, including rental of mechanical equipment for medical or surgical treatment not to exceed purchase price. Also covered are casts, splints, braces, crutches, other devices of this type.		

Only Level 4 AFID members are eligible for The One Advantage Elite plan.

Level 4 members choosing this option must:

- ◆ Be between the ages of 18-64 years old
- ◆ Be working 30 hrs or more per week for the same employer for the last six consecutive months
- ◆ Show more than \$20,000 in annual earnings on federal tax documentation.

Please note:

- ◆ At the time of claim, if a member has not seen a physician within 12 months prior to the effective date of the policy or provide results of a comprehensive physical examination the claim will be considered pre-existing. (See Pre-Existing Limitations)
- ◆ Policy not issued to anyone who is pregnant. However, maternity will be covered if conception occurs after the policy effective date with a 180 day waiting period.
- ◆ Policy pays a maximum benefit for the following illnesses:
Heart Attack, Coronary Artery By-Pass Surgery, Stroke, Cancer, Carcinoma, Major Organ Transplant, Renal Failure & Pancreatic diseases by the following schedule, unless condition is considered pre-existing (See Pre-Existing Limitations)
 - ◆ \$25,000 maximum for the first 12 month benefit period
 - ◆ \$50,000 maximum for months 13-24 of benefit period
 - ◆ Beginning on the 25th month and thereafter if member has satisfied all limitations of policy provisions for the above referenced illnesses, the insured would then be subject to the full annual policy benefits.

Limitations

When an insured person attains age 65 or becomes eligible for Medicare, whichever occurs first, the benefits of this policy and attachments, if any, are payable only to the extent that covered expenses are not paid by Medicare and would otherwise be payable under the policy. The benefits will also be subject to any other exclusions set forth in the policy. It is not our intent to give advice on Medicare. Please consult a qualified advisor.

The policy does not provide benefits for covered sickness, covered injury or covered maternity occurring or first manifesting itself prior to the certificate effective date, subject to the pre-existing condition limitations. Policy does not provide benefits for any expense incurred prior to the certificate effective date.

Membership Levels & Eligibility Options

Membership Level	AFID Membership	Plan 1	Plan 2	Plan 3	Plan 4	Bronze	Silver	Gold	Elite	Disability Income Protection	Critical Illness	Life	Vision	Dental
Level 1 Age 18 + (no max) If unemployed, receive only non-insurance options.	X													
Level 2 Age 18-64 Working 20 hrs wk or less	X	X	X								X	X	X	X
Level 3 Age 18-64 Working 30 hrs or more per week Earn \$10,000 + annually No length of employment required	X	X	X	X	X	X	X	X		X	X	X	X	X
Level 4 Age 18-64 Working 30 hrs or more per week Earn \$20,000 + annually Employed 6mo or more with present employer	X	X	X	X	X	X	X	X	X	X	X	X	X	X

Other than the Elite plan, this is not basic health insurance or major medical coverage and is not designed as a substitute for basic health insurance or major medical coverage. Hospital indemnity plans are exempt from coordination of benefits provisions.

One Advantage Rates

Rates per Month

	AFID Membership	Plan 1	Plan 2	Plan 3	Plan 4	Bronze	Silver	Gold	Elite	Disability Income Protection	Critical Illness	Life	Vision	Dental
Member	\$10	\$100.86	\$175.36	\$204.53	\$280.05	\$143.84	\$195.44	\$218.26	\$394.76	See page 13	\$21.75	See page 14	\$14.38	\$59.33
Member + Spouse	\$10	\$173.82	\$321.48	\$374.60	\$513.15	\$282.18	\$388.98	\$431.08	\$768.02	See page 13	\$43.50	See page 14	\$21.91	\$128.28
Member + Child	\$10	\$141.90	\$252.25	\$301.18	\$439.23	\$258.57	\$348.57	\$387.28	\$651.26	See page 13	N/A	See page 14	\$21.91	\$128.28
Family	\$10	\$214.86	\$398.37	\$471.25	\$672.33	\$430.88	\$594.08	\$647.18	\$947.50	See page 13	N/A	See page 14	\$31.15	\$197.80

Other than the Elite plan, this is not basic health insurance or major medical coverage and is not designed as a substitute for basic health insurance or major medical coverage. Hospital indemnity plans are exempt from coordination of benefits provisions.

One Advantage Bronze, Silver, Gold

	One Advantage Bronze	One Advantage Silver	One Advantage Gold Includes Critical Illness Benefit of \$5,000
Deductible	Not applicable	Not applicable	Not applicable
Co-Insurance	Specific to individual benefit service coverage	Specific to individual benefit service coverage	Specific to individual benefit service coverage
Physician/Outpatient Benefits	Maximum Benefit of: \$1,000 per year for Physician Services	Maximum Benefit of: \$2,000 per year for Physician Services	Maximum Benefit of: \$3,000 per year for Physician Services
	\$500 per year for other outpatient expenses	\$500 per year for other outpatient expenses	\$1,000 per year for other outpatient expenses
Annual Wellness Benefit *	\$25 co-pay, limit of \$250 per year	\$25 co-pay, limit of \$250 per year	\$25 co-pay, limit of \$250 per year
Physician Office Visits*	\$25 Co-pay - Primary Care	\$25 Co-pay - Primary Care	\$25 Co-pay - Primary Care
	\$50 Co-pay - Specialists	\$50 Co-pay - Specialists	\$50 Co-pay - Specialists
	Max of 4 visits per adult and 6 visits per child per year	Max of 4 visits per adult and 6 visits per child per year	Max of 4 visits per adult and 6 visits per child per year
Other Professional Service*	70% / 30% to annual max	80% / 20% to annual max	80% / 20% to annual max
Outpatient Lab Benefits*	100% coverage through DirectHealth, otherwise, 70/30	100% coverage through DirectHealth, otherwise, 80/20	100% coverage through DirectHealth, otherwise, 80/20
Outpatient Radiology*	\$75 Co-pay per service date	\$50 Co-pay per service date	\$50 Co-pay per service date
Surgeon/Anesthesiology*	\$150 Co-pay per surgery	\$100 Co-pay per surgery	\$100 Co-pay per surgery
Home Healthcare*	\$50 Co-pay per service date	\$50 Co-pay per service date	\$50 Co-pay per service date
Outpatient Therapy*	\$50 Co-pay per service date	\$50 Co-pay per service date	\$50 Co-pay per service date
Substance Abuse or Mental Health*	\$50 Co-pay per service date	\$50 Co-pay per service date	\$50 Co-pay per service date
Other Outpatient Service*	\$50 Co-pay per service date	\$50 Co-pay per service date	\$50 Co-pay per service date
Hospital/Facility Benefits (30 day max per year)	\$250 Co-pay per admission daily benefit of:	\$250 Co-pay per admission daily benefit of:	\$250 Co-pay per admission daily benefit of:
Ambulatory / Same Day	\$500 per surgery	\$1000 per surgery	\$1000 per surgery
Inpatient Services*	\$500 per day	\$1000 per day	\$1000 per day
Intensive Care: ICU/CCU*	\$1000 per day	\$1500 per day	\$1500 per day
Emergency Room*	\$75 Co-pay with max benefit of \$350 per visit /\$700 per year	\$75 Co-pay with max benefit of \$500 per visit / \$1000 per year	\$75 Co-pay with max benefit of \$500 per visit / \$1000 per year
Skilled Nurse Rehab*	\$250 annual benefit	\$500 annual benefit	\$500 annual benefit
Substance Abuse or Mental Health*	\$50 per day Co-pay limited to 30 days in any 12 month period \$75 per day maximum benefit	\$50 per day Co-pay limited to 30 days in any 12 month period \$100 per day maximum benefit	\$50 per day Co-pay limited to 30 days in any 12 month period \$100 per day maximum benefit
Prescription Benefits	Generic Medications-\$10.00 excludes Injectables & Patches Name Brand -Discount (varies per medication)	Generic Medications-\$10.00 excludes Injectables & Patches Name Brand -Discount (varies per medication)	Generic Medications-\$10.00 excludes Injectables & Patches Name Brand -Discount (varies per medication)

*Subject to maximum benefit levels

Maximum Benefits:	Annual	\$10,000	\$50,000	\$75,000
	Lifetime	\$100,000	\$250,000	\$350,000

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One Advantage Life Insurance

Ten Year Level Term
\$50,000

For You
\$50,000 policy

For Your Spouse
\$50,000 policy
when issued with the
member's policy

For Your Children
\$5,000 policy
for \$1.00 more each
month per child
when issued with the
member's policy

Age	Monthly Premium Rate
Under 30	\$4.50
30-34	\$4.50
35-39	\$6.50
40-44	\$10.50
45-49	\$15.50
50-54	\$26.00
55-59	\$44.00
60-64	\$69.50
65-69	\$109.50
70-74	\$174.00
75+	\$308.50

Initial rates remain level for 10 years– Guaranteed
Benefit does not decrease with age
Follows member if changes jobs and continues making payments
Guarantee issue if member is actively working full-time
Separate policy available for member's spouse
Add \$5,000 policy for each child for \$1.00 more per child each month

One Advantage Disability

Short term disability plan that will pay if you are injured or too sick to work.

What exactly is a Disability Income Protection program?

This is a voluntary disability income program. It's an insurance policy that will pay you a specified amount of money, tax-free, if you become too sick or injured to perform your regular job.

Why should I get a policy?

Most of us cannot provide for ourselves or our families without a steady paycheck. Should you become too sick or injured to perform your regular job, how will you pay your bills? Sick days are often too few and most of us don't have enough vacation days to allow sufficient income during the recovery time from an illness or injury. Having the security of disability coverage is the best option to protect your most important asset...your income.

What is the definition of disability?

Total disability must be due to a covered injury or covered sickness. You are totally disabled when you are unable to perform the material and substantial duties of your regular occupation during the **ELIMINATION PERIOD** and the following two years; thereafter, it means your inability to perform the duties of any occupation for which you are reasonably suited by education, training or experience; and not performing any work or service for pay.

Who determines that I am disabled?

Your physician determines how your physical condition will affect your job duties or restrictions.

When are pre-existing conditions covered?

This policy does not cover pre-existing conditions during the first 12 months that the policy is in force.

What is the definition of a pre-existing condition?

A **PRE-EXISTING CONDITION** is a condition for which a Physician prescribed, recommended or gave to the Insured during the 12 months before the insured's Policy Rider Effective Date. Childbirth (including cesarean) within 10 months of the date the person becomes an Insured under this policy or rider will be considered a pre-existing condition. Conditions specifically named or described as excluded in any part of this policy are never covered.

When will my coverage begin?

There will be a 15 day **ELIMINATION PERIOD**. Coverage will begin on the 16th day of treatment by a physician for a covered accident or covered illness. Benefits will be paid for a maximum of 52 weeks.

How much coverage can I buy?

You may purchase a benefit amount up to \$2,000 of income protection per month or a benefit amount as little as \$800 per month.

How long can I keep this insurance program?

You can keep this program as long as you are working full time, up to age 70, and continue making continuous payments.

What if I leave this job or begin a totally different career?

This policy belongs to you and only you can cancel it. You will be able to take this policy with you, as long as you are working full time, at the same rate and with the same benefits.

What is Guarantee Issue?

Guarantee Issue means that the insurance company will issue coverage, up to \$2,000, with no change in rates. Association members in good standing who are actively working 30 hours per week (full time) at time of enrollment will qualify for a policy.

What if I don't want the coverage right now...can I sign up later?

If you are eligible to enroll right now, you should. All eligible employees are offered an opportunity to enroll under a Guarantee Issue program (see above). If you pass on this opportunity, you may still apply for coverage later; however, you will undergo full medical/financial underwriting. This could mean "rating" or increase of premium due to health, permanent exclusions for certain conditions, or the face the possibility of being declined. New employees, who are not eligible for this enrollment, will be able to apply on the next enrollment, with the full Guarantee Issue provision in tact.

Is pregnancy covered?

Complications of pregnancy are treated as any other illness. Childbirth (including cesarean) within 10 months of the date the person becomes an Insured under this Policy or Rider will be considered a pre-existing condition.

What if I cannot continue to perform the duties of my current job after an accident or illness?

One of the policy's best features is the "own occupation" definition of total disability. If you cannot perform the substantial and material duties of your regular occupation, you may be determined to be disabled and eligible for benefits. You are not required to work a less demanding job.

My doctor says I'm disabled. What should I do to file a claim?

When a sickness or covered injury has occurred and your physician determines you are disabled, you must complete a simple claim form to begin the claim process. This 2-page document chronicles the type, scope, and beginning date of your disability and will formally trigger your **ELIMINATION PERIOD** or "waiting" period for benefits.

Definitions you should know:

BENEFIT PERIOD: The period of time for which monthly income benefits are payable for disability due to the same cause after the elimination period ends.

ELIMINATION PERIOD: The number of consecutive days of total disability before benefits become payable under this policy. Benefits are not payable during the elimination period. There is a separate elimination period for injury and sickness.

Benefits for sickness and accidents are payable, in addition to any other disability programs that you may have and will not reduce any existing benefits. Right now, coverage is being offered on a **Guarantee Issue** basis, which means that most full-time working members can get a policy, as long as you have been working full time for the last 30 days.

Income Protection



Rate Table

Choose up to the maximum monthly benefit for your income level. Benefits received are tax-free.



Monthly Premium

Benefits begin after 15 day wait

		UNDER AGE 40	AGES 40-49	AGES 50-59	AGES 60 AND OVER
ANNUAL WAGES	MONTHLY BENEFIT	PREMIUM AMOUNT	PREMIUM AMOUNT	PREMIUM AMOUNT	PREMIUM AMOUNT
\$17,330.00	\$800.00	\$15.00	\$13.00	\$16.80	\$23.60
\$21,665.00	\$1,000.00	\$18.75	\$16.25	\$21.00	\$29.50
\$26,000.00	\$1,200.00	\$22.50	\$19.50	\$25.20	\$35.40
\$30,330.00	\$1,400.00	\$26.25	\$22.75	\$29.40	\$41.30
\$34,665.00	\$1,600.00	\$30.00	\$26.00	\$33.60	\$47.20
\$39,000.00	\$1,800.00	\$33.75	\$29.25	\$37.80	\$53.10
\$43,330.00	\$2,000.00	\$37.50	\$32.50	\$42.00	\$59.00

Pays the selected monthly benefit if you are unable to work due to a covered injury or sickness beginning on the 16th day of treatment.

One Advantage Critical Illness

Critical Illness Diagnosis

Available to Member and Member's Spouse

If an insured person is diagnosed with a critical illness listed below by a physician, benefits will be paid subject to the Benefit Payment Conditions and Schedule of Benefits. Once 100% of the maximum benefit amount has been paid for an insured person, coverage terminates and no further benefits are payable to that insured person.

Covered Critical Illness	
Cancer	100%
Carcinoma In Situ	25%
Heart Attack (Myocardial Infarction)	100%
Coronary Artery By-Pass Surgery	25%
Stroke (Apoplexy or Cerebral Vascular Accident)	100%
Major Organ Transplant	100%
Renal Failure (End Stage)	100%

\$10,000 Critical Illness Monthly Premium	
Member	\$21.75
Member + Spouse	\$43.50

One Advantage Vision

One Advantage Vision Eligibility Schedule

	Examination	Spectacle Lenses	Frame	Contact Lenses
Eligible every	12 months	12 months	24 months	12 months

One Advantage Vision Schedule of Benefits

	In-Network	Out-Of-Network
Eye Examination	Covered in full if eligible by date	Reimbursed up to \$35.00
Spectacle Lenses (pair)		
Standard Single Vision	Covered in full if eligible by date	Reimbursed up to \$25.00
Standard Bifocal	Covered in full if eligible by date	Reimbursed up to \$40.00
Standard Trifocal	Covered in full if eligible by date	Reimbursed up to \$50.00
Standard Lenticular	Covered in full if eligible by date	Reimbursed up to \$80.00
Progressive	20% off Usual & Customary minus \$50 allowance if eligible by date	Reimbursed up to \$40.00
Specialty Lenses (pair)	20% off Usual & Customary minus the corresponding standard lens plan payment if eligible by date	Corresponding standard lens reimbursement
Lens Options	Preferred Pricing	Reimbursed up to \$0.00
Frames	\$35 wholesale allowance	Reimbursed up to \$45.00
Contact Lenses	(in lieu of frame and spectacle lenses)	
Elective	\$110 allowance after a 20% discount if eligible by date	Reimbursed up to \$110.00
Medically Necessary	Covered in full if eligible by date	Reimbursed up to \$250.00

\$10 Co-Pay for Exam

\$15 Co-Pay for Materials

One Advantage Dental

Type A Services

1 month waiting period

Routine Exams, once in 6 consecutive months
 Prophylaxis– cleaning and scaling, once in 6 consecutive months
 Bitewing/ single x-rays– once in 6 consecutive months
 Full mouth/ panorex x-rays– once per 36 consecutive months
 Fluoride treatment– for children up to age 18, once in 12 consecutive months
 Sealant applications– for children up to age 13, once in 36 consecutive months
 Space maintain-for children up to age 13, initial appliance
 Emergency palliative treatment-immediate temporary relief when not included in other benefits

Type B Services

1 Month waiting period

Restorative-amalgams, synthetic or plastic fillings
 Periodontic services– treatment of the gums

Type C Services

6 month waiting period

Major restorative– inlays, onlays, crowns, post, and replacement of existing crown at least three years old
 Oral surgery-extractions surgically removed
 Adjustment to bridges and dentures
 Endodontic procedures– root canal therapy, pulp capping

Orthodontic Services

Braces and mechanical aids, children ages 6-18

6 month waiting period

Service Type	Benefits
Type A Services	100% U/C* Subject to Deductible
Type B Services	80% U/C * Subject to Deductible
Type C Services	50% U/C* Subject to Deductible
Orthodontic Services Dependent Children Age 6-18	50% U/C \$500 calendar year per child \$1,000 lifetime maximum per child
Calendar Year Per Person Maximum Benefit	\$1,000 first year \$1200 second + years
Annual Deductible	\$50 per person Family maximum of \$150 annually

* U/C = Usual and Customary

Questions?

Important Facts to Know

Members must complete enrollment forms and include first month premium

The One Advantage Elite plan is subject to coordination of benefits

One Advantage Plans are not subject to coordination of benefits

Some options are subject to pre-existing conditions unless creditable coverage can be provided for the qualifying period. A Certificate of Credible Coverage must be submitted for possible waiver of this waiting period.

Guaranteed renewability except for the following reasons:

Non-payment of premium

Fraud or misrepresentation

Violation of participation or contribution requirements if applicable

Non-compliance with program provisions

Carrier discontinues all coverage in that admitted state

Non-compliance with Association membership requirements

Who is eligible?

Benefits are only available to members in good standing for 30 days or more

See Membership Level information chart on page 10 of this booklet for benefit options available to each membership level. See page 4 to determine membership level requirements.

Issue age 18 – 64 years. Covered dependents up to age 18, Ages 19-23 covered as full time students

Are pre-existing conditions covered?

In some options, coverage is subject to pre-existing exclusions for 12 months. If you have been diagnosed with, treated for, or recommended treatment for an illness in the last 12 months the program will not cover anything associated with that diagnosis for 12 months. If prior medical insurance coverage has been in place, a Certificate of Credible Coverage must be submitted for possible waiver of this waiting period. The One Advantage Rx Card and office visits are not subject to the pre-existing condition exclusion.

When can I use my benefits?

You can use your benefits on the first day of the month that your coverage begins. There is no waiting period for any of the benefits unless noted.

Do I have to use a network provider?

In the One Advantage Elite plan, Part A benefits are payable to any provider in or out of network. Part B benefits are payable to any provider in or out of network, but a differential in cost applies to out of network claims. In The One Advantage Plans, the defined benefits may be paid to provider of their choice.

How can I find a network provider?

In most cases Beech Street is the Network Option for The One Advantage Elite plan. Networks vary from state to state. Please call 1-866-766-9016 for details.

Do my prescriptions apply toward my deductible in The One Advantage Elite plan?

No, prescription costs do not apply to the deductible.

Can I pay by personal check rather than monthly direct withdrawal or charges to my credit card?

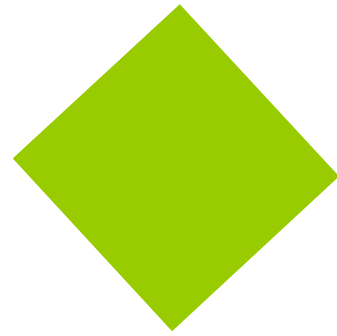
Direct billing and payment by personal check is available. A fee of \$10 per month is assessed.

How soon will my first premium or monthly enrollment fee be drafted or charged to my account?

Initial payment will be drafted within 72 hrs of receipt of information. Monthly drafts will occur on the 25th of each month.

For more information, please visit the AFID website at www.afidllc.com

One Advantage Program Summary & Checklist



- ◆ AFID membership level determines eligibility for benefit options
- ◆ AFID membership levels are determined by employment and annual income
- ◆ All AFID members receive benefits that are included with monthly membership fee
- ◆ AFID membership information available at www.afidllc.com or from local Marketing Representatives.
- ◆ **AFID members must be members in good standing for 30 days or more before they are eligible to enroll for any benefits in the One Advantage Program**
- ◆ Vision and Dental options only available with enrollment in one of the 5 medical options
- ◆ Disability Income Protection, Life Insurance and Critical Illness options available as stand alone benefit choices

New Member Checklist

- ◇ AFID Membership Application completed and sent to AFID
- ◇ Required Tax Documentation and additional forms mailed, faxed or emailed to AFID
- ◇ AFID Benefits Application completed— I have been an AFID member for more than 30 days
- ◇ I have created my account for Working Advantage Program and can start using my discount opportunities today

For more information, visit www.afidllc.com or contact your local Marketing Representative