



The **One Advantage** **Program** Medical Options

Which of The One Advantage Plans are right for you?

Medical Benefit Options

AFID Members have new medical options available, depending on their level of membership in AFID. All options contain the same benefits but pay different benefit amounts depending on the plan structure. For a complete listing of benefit descriptions, eligibility levels and options available for each membership level, please visit www.afidllc.com or review The One Advantage Program booklet.

What you need to know:

- ◆ 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 medical options
- ◆ Disability Income Protection, Life Insurance and Critical Illness options available individually
- ◆ 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.

Visit www.afidllc.com for details

Is The One Advantage Elite Plan the right option for you?

The One Advantage Elite plan offers the most complete health benefits and services at a competitive monthly premium. It is designed as a two part program to reduce out of pocket expenses for health services. Part A pays a defined benefit amount for services as in The One Advantage Plans, however in The One Advantage Elite plan, benefit payments are applied toward a yearly deductible. Once the deductible is met, Part B benefits are utilized and benefits received pay 100% of charges due. Members who select The One Advantage Elite plan must be eligible for AFID Membership Level 4. See the complete The One Advantage Program booklet for details.

The One Advantage Program is private labeled and marketed through:

AFID, LLC 1 South Limestone St Springfield, Ohio 45502 www.afidllc.com 866-766-9016 info@afidllc.com

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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.

AFID Membership level may change as your employment or income status changes.

The One Advantage Plans

Benefit	Plan 1	Plan 2	Plan 3	Plan 4
Physician Office Visit/Hospital ER Visit (per visit)	\$50	\$75	\$75	\$100
Hospital Admission Benefit (per admission)	\$500	\$1,000	\$1,000	\$1,500
Daily Hospital Confinement Benefit (per day)	\$400	\$1,000	\$1,000	\$1,000
Surgical Benefit	Up To \$500	Up To \$2,000	Up To \$5,000	Up To \$10,000
Intensive Care Benefit (per day)	\$500	\$1,000	\$1,000	\$1,000
Anesthesia Benefit	Up To \$125	Up To \$500	Up To \$1,250	Up To \$2,500
Ambulance Benefit (per accident)	\$100	\$200	\$300	\$500
Diagnostic Tests	Up To \$1,250	Up To \$2,500	Up To \$2,500	Up To \$2,500
Outpatient Diagnostic Lab (per test)	\$75	\$75	\$75	\$100
Out Patient Accident Expense (per accident)	Up To \$500	Up To \$1,000	Up To \$2,000	Up To \$5,000
Outpatient Facility Surgery Fee (per surgery)	\$100	\$100	\$100	\$100
Wellness Benefit	\$50	\$100	\$100	\$100
Well Baby Care	\$50	\$50	\$50	\$50
Group Critical Illness Benefit <small>Critical Illness coverage subject to pre existing condition limitation.</small>	\$2,000	\$4,000	\$6,000	\$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.

The One Advantage Elite

Part A	The One Advantage Elite
Office Visit	\$50 per visit
Hospital Confinement Per Day	Paid at \$50 per day
First Hospital Confinement Benefit	Up to \$5,000
Critical Illness Benefit	Up to \$5,000 maximum
Accident Plan	\$5,000 per occurrence
Lab & Imaging	Discounted up to 70%
Network Re-pricing	Included
Prescription Drug Card	Generic Prescriptions - \$10.00 Name Brand - Discount (varies per medication)
Patient Advocacy	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% up to the 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.**

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

The One Advantage Program Rates Per Month

	One Advantage Plan 1	One Advantage Plan 2	One Advantage Plan 3	One Advantage Plan 4	One Advantage Elite
Single	\$100.86	\$175.36	\$204.53	\$280.05	\$394.76
Member + Spouse	\$173.82	\$321.48	\$374.60	\$513.15	\$768.02
Member + Child	\$141.90	\$252.25	\$301.18	\$439.23	\$651.26
Family	\$214.86	\$398.37	\$471.25	\$672.33	\$947.50

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 a complete list of benefits see the certificate of coverage and plan document. Program includes multiple carriers.

	One Advantage Bronze	One Advantage Silver	One Advantage Gold Includes Critical Illness Benefit of \$5,000
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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 \$500 per year for other outpatient expenses	Maximum Benefit of: \$2,000 per year for Physician Services \$500 per year for other outpatient expenses	Maximum Benefit of: \$3,000 per year for Physician Services \$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 \$50 Co-pay - Specialists Max of 4 visits per adult and 6 visits per child per year	\$25 Co-pay - Primary Care \$50 Co-pay - Specialists Max of 4 visits per adult and 6 visits per child per year	\$25 Co-pay - Primary Care \$50 Co-pay - Specialists 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

Rates Per Month			
Single	\$143.84	\$195.44	\$218.26
Member + Spouse	\$282.18	\$388.98	\$431.08
Member + Child	\$258.57	\$348.57	\$387.28
Family	\$430.88	\$594.08	\$647.18

Critical Illness, Disability Income Protection, Life, Dental and Vision options available. See plan booklet.