

The One Advantage Program

Benefits of AFID Membership



Upon enrollment, AFID members immediately receive Association Benefits that are included with AFID membership fee.

A sample of these benefits include:

Working Advantage Program - discounts on concert tickets, theater tickets, restaurants, movie rentals and much more

Hertz Car Rental - discount on car rental fees using AFID discount code

Dentamax - receive discount at participating dental providers

RESTAT - prescription savings program for discount on medications

Online savings at partner merchants see www.afidllc.com for details

Additional Benefits for Purchase

After 30 days of membership in AFID, members in good standing are eligible to participate in the One Advantage Program's additional benefits for purchase. These are:

Medical

Vision

Dental

Disability Income Protection

Life Insurance

Identity Theft Protection

Critical Illness

**Tubercin Anti-Cancer Therapy
Program**

AFID Membership Level determines which benefit options are available for members.

AFID Membership Levels

Level 1 Eligibility of Benefits Qualifications

Qualifications: Age 18 years and older (no maximum age limit)

Receive: If working, see Level 2, 3 and 4 for qualifications.
If unemployed, eligible to join association and receive only non-insurance benefits.

After 30 days, may purchase:

Identity Theft Protection

Tubercin Anti-Cancer Therapy Program

Level 2 Eligibility of Benefits Qualifications

Qualifications: Age 18 to 64

Working Part-Time 20 hrs or less a week

Receive: Association Benefits

After 30 days, may purchase:

One Advantage Plan 1 or Plan 2

Critical Illness option

Life option up to \$25,000

Dental

Vision

Identity Theft Protection

Tubercin Anti-Cancer Therapy Program



AFID Membership Levels continued

Level 3 Eligibility of Benefits Qualifications

Qualifications: Age 18 to 64, working 30 hrs or more weekly

No length of employment required

Must be earning \$10,000.00 or more annually

Receive: Association Benefits

After 30 days, may purchase:

One Advantage Plans 1,2, 3 or 4

One Advantage Bronze, Silver or Gold Plans

Disability Income Protection

Critical Illness Coverage

Life Insurance up to \$50,000

Dental

Vision

Identity Theft Protection

Tubercin Anti-Cancer Therapy Program



AFID Membership Levels continued

Level 4 Eligibility of Benefits Qualifications

Qualifications: Age 18 to 64

Working minimum of 30 hrs a week or more

Employed minimum of 6 months with current employer

Earning \$20,000.00 or more annually

Receive: Association Benefits

May purchase: Eligibility for **ALL** benefits:

One Advantage Plans 1,2, 3 or 4

One Advantage Bronze, Silver or Gold Plans

The One Advantage Elite

Disability Income Protection

Critical Illness Coverage

Life Insurance up to \$50,000

Dental

Vision

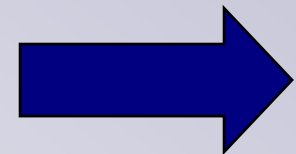
Identity Theft Protection

Tubercin Anti-Cancer Therapy Program



Membership Levels and Eligibility Options Chart

See chart on the next slide to see what options members may choose at their level of membership.



**Membership Level may change as
employment or income status changes.**

Membership will be reviewed yearly.



The One Advantage Program

The One Advantage
Medical Choices

Advantage Plan One
Advantage Plan Two
Advantage Plan Three
Advantage Plan Four

One Advantage Bronze
One Advantage Silver
One Advantage Gold

One Advantage Elite

The One Advantage
Life Insurance

The One Advantage
Disability Income Protection

The One Advantage
Critical Illness

The One Advantage
Vision

The One Advantage
Dental



One Advantage Medical Options

One Advantage Plans 1, 2, 3 & 4



All options in the One Advantage Plans 1- 4 contain the same benefits but pay different benefit amounts depending on the plan structure.

One Advantage Plans 1,2,3 & 4

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 (based on schedule of operations)	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

One Advantage Plans 1,2,3 & 4 continued

Benefit	Plan 1	Plan 2	Plan 3	Plan 4
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
Outpatient 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 Term Life	\$5,000	\$5,000	\$5,000	\$5,000
Group Critical Illness Benefit	\$2,000	\$4,000	\$6,000	\$10,000
<small>Critical Illness coverage subject to pre existing condition limitation.</small>				

The One Advantage ELITE

Part A	The One Advantage Elite
<p>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.</p>	<p>\$50 per visit Maximum 4 visits per member/ 4 per spouse and 4 total for ALL children per calendar year</p>
<p>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.</p>	<p>Paid at \$50 per day Maximum benefit coverage: 180 days</p>
<p>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.</p>	<p>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</p>
<p>Critical Illness Benefit Pays for treatment of a defined critical illness.</p>	<p>Up to \$5,000 maximum</p>
<p>Accident Plan Medical Expense Benefit pays for treatment of accident after payment of \$100 annual deductible.</p>	<p>\$5,000 per occurrence (subject to \$100 Deductible)</p>
<p>Lab & Imaging Provides reduced pricing for testing requested by network physicians.</p>	<p>Discounted up to 70%</p>
<p>Network Re-pricing Utilize Beech Street Network and members qualify for discounts on doctor and hospital care.</p>	<p>Included</p>
<p>Prescription Drug Card The One Advantage Rx (No deductible applies and is not subject to pre-existing conditions)</p>	<p>Generic Prescriptions - \$10.00 Excludes Injectables and Patches Name Brand - Discount (varies per medication)</p>
<p>Patient Advocacy Assistance in claim management, treatment options and providing a better understanding of how the program works.</p>	<p>Included</p>

Members use these benefits until deductible is met

Part B	In-Network	Out-of-Network
<p align="center">Annual Deductible</p> <p>Individual coverage \$10,000 deductible. In all cases other than individual, the deductible must be met by 2 persons for a total deductible of \$20,000 before benefits will be paid.</p>	<p align="center">\$10,000 Member \$20,000 for family of 2 or more</p>	
<p align="center">Co-Insurance</p>	<p align="center">NONE</p>	<p align="center">20% for next \$10,000</p>
<p align="center">Lifetime Maximum Benefit</p>	<p align="center">\$1,000,000 per person Annual limit of \$250,000 per person per year</p>	
<p align="center">*Benefits received under Part A will be applied toward the annual deductible. Excludes prescription drug benefits.</p>		


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
- ♦ Show more than \$20,000 in annual earnings on federal tax documentation.
- ♦ Be working 30 hrs or more per week for the same employer for the last six consecutive months

**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%.**

One Advantage Elite



**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 provided results of a comprehensive physical examination the claim will be considered pre-existing.

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:

- ♦ \$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.



One Advantage Program Benefit Options

Rates per Month

	AFID	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 chart on slide	\$21.75	See chart on slide	\$14.38	\$59.33
Member + Spouse	\$10	\$173.82	\$321.48	\$374.60	\$513.15	\$282.18	\$388.98	\$431.08	\$768.02	See chart on slide	\$43.50	See chart on slide	\$21.91	\$128.28
Member + Child	\$10	\$141.90	\$252.25	\$301.18	\$439.23	\$258.57	\$348.57	\$387.28	\$651.26	See chart on slide	N/A	See chart on slide	\$21.91	\$128.28
Family	\$10	\$214.86	\$398.37	\$471.25	\$672.33	\$430.88	\$594.08	\$647.18	\$947.50	See chart on slide	N/A	See chart on slide	\$31.15	\$197.80

One Advantage Bronze, Silver and Gold Options

	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

	One Advantage Bronze	One Advantage Silver	One Advantage Gold
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
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 \$350 per visit / \$1000 per year	\$75 Co-pay with max benefit of \$350 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



One Advantage Life

Separate policy available for member's spouse

Add a separate \$5,000 policy for each child for \$1.00 more per child each month when issued with member's policy

Initial rates remain level for 10 years– Guaranteed

Follows member who changes jobs
if member remains employed and makes continuous payments

Guarantee issue
if member is actively working full-time

Benefit does not decrease with age

One Advantage Life

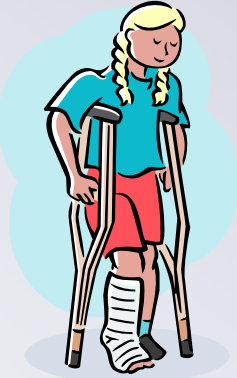
Ten Year Level Term \$50,000

For Member
\$50,000 policy

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

For Member's 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



One Advantage Disability Income Protection

- Members in good standing may qualify for policy
- Members must be working to qualify as guaranteed issue
- 15 day elimination period
- Benefits paid for maximum of 52 weeks
- Monthly benefits based on annual wages
- Monthly benefit \$800 to \$2000

One Advantage Disability Income Protection

Choose up to the maximum monthly benefit for 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

One Advantage Critical Illness

Available to Member and Member's Spouse

If an insured person is diagnosed with a critical illness 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.

\$10,000 policy



Covered Critical Illness

Cancer	paid at	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 & Dental



Dental and Vision options only available with enrollment in one of the medical choices.

No separate form needed – just check the box on application



One Advantage Vision

Eligibility Schedule

	Examination	Spectacle Lenses	Frame	Contact Lenses
Every	12 months	12 months	24 months	12 months

\$10 Co-Pay for Exam
\$15 Co-Pay for Materials

One Advantage Vision Details

	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 (20% off retail)	Reimbursed up to \$0.00
Frames	\$35 wholesale allowance (approx. retail of \$75 to \$100)	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

One Advantage Dental

Type A Services

Routine Exams, once in 6 consecutive months

1 month waiting period

Prophylaxis– cleaning and scaling, once in 6 consecutive months

Bitewing/ single x-rays– once in 6 consecutive months

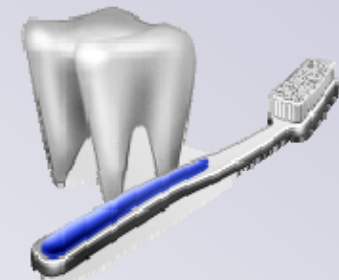
Full mouth/ panorex x-rays– once in 36 consecutive months

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

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

1 Month waiting period

Type C Services

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

6 month
waiting
period

Orthodontic Services

Braces and mechanical aids, children ages 6-18

6 month waiting period



Dental claims schedule of benefits

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



One Advantage Program Summary

AFID members must be members in good standing for 30 days or more before they are eligible to enroll for any benefits for purchase in the One Advantage Program

- AFID membership levels are determined by employment and annual income
- AFID membership level determines eligibility for benefit options
- All AFID members receive benefits that are included with monthly membership fee
- AFID membership information available at www.afidllc.com
- Vision and Dental options only available with enrollment in one of the medical options
- Stand alone options available: Disability Income Protection, Critical Illness, Life Insurance, Identity Theft and Tubercin Anti-Cancer Therapy

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



This presentation 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.

The One Advantage Program

www.afidllc.com



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