

Choice Fixed Indemnity Insurance Plan



Underwritten by

Association

Billing and Customer Service

**United States Fire
Insurance Company**



Association for
Entrepreneurship
U.S.A.



MyBenefitsKeeper

THE INSURANCE PORTIONS OF THIS PRODUCT PROVIDE LIMITED COVERAGE. THEY DO NOT PROVIDE COMPREHENSIVE MAJOR MEDICAL INSURANCE. THIS IS A GROUP ACCIDENT & HOSPITAL FIXED INDEMNITY INSURANCE ONLY POLICY. Read this guide carefully. This is a brief description of group association insurance products and is not an insurance contract, nor part of the Certificate of Insurance and is subject to the terms, conditions, limitations, and exclusions of the Group Policy and Certificate(s) of Insurance. Coverage may vary or may not be available in all states. You'll find complete coverage details in the Certificate(s) of Insurance. Group Hospital Fixed Indemnity Insurance is underwritten by United States Fire Insurance Company, Eatontown, NJ. The insurance described in this document provides limited benefits. Limited benefit plans are insurance products with reduced benefits intended to help supplement comprehensive health insurance plans. The insurance coverage is not an alternative to comprehensive coverage. It does not provide major medical or comprehensive medical coverage and is not designed to replace major medical insurance. Further, the insurance coverage is not minimum essential benefits as set forth under the Patient Protection and Affordable Care Act.

COVERAGE IS SUBJECT TO EXCLUSIONS AND LIMITATIONS, AND MAY NOT BE AVAILABLE IN ALL US STATES AND JURISDICTIONS. PRODUCT AVAILABILITY AND PLAN DESIGN FEATURES, INCLUDING ELIGIBILITY REQUIREMENTS, DESCRIPTIONS OF BENEFITS, EXCLUSIONS OR LIMITATION MAY VARY DEPENDING ON LOCAL COUNTRY OR US STATE LAWS. FULL TERMS AND CONDITIONS OF COVERAGE, INCLUDING EFFECTIVE DATES OF COVERAGE, BENEFITS, LIMITATIONS AND EXCLUSIONS, ARE SET FORTH IN THE POLICY.

Association Non-Insurance Benefits



AFEUSA strives to bring the member the most current information on business, technology, and related processes to help the member grow the confidence needed to succeed. Entrepreneurship takes a much different shape today than in the past. In fact, the member may have a business and not even know it. The member might be selling goods on eBay, repairing old cars and posting ads online, might be a grandmother who babysits kids, or an Uber or Lyft driver. We are always eager to chat with our members. We are here for you! With AFEUSA, it's success by association.

- ACI MAP Differentiators/Legal and Financial Services/Childcare
- BurnAlong
- NeedyMeds
- American™ Hearing Benefits (AHB)
- Avis® and Budget® Car Rental Discounts
- SkyMed
- SkyMed Travel
- CARCHEX®
- TrueCar™
- Costco®
- Benefit Hub
- Home Chef
- Long-Term Care Resources
- Griswold® Home Care
- Gusto
- Take Charge America®
- The Credit Clinic
- EJ Pro Lease
- First American
- Eric'sJobs.com
- Trapp Technology
- UPS
- Office Depot® and OfficeMax® Discounts
- E6 Agency
- The Newsletter Pro
- Genius Network®
- Big Results Academy
- GoSmallBiz.com
- The Messinger Institute
- SocialCore Marketing
- Joe Weldon Consultant and Executive Speech Coach
- Empowered Couples University
- InfoArmor®
- LegalShieldSM
- IDShieldSM

Disclaimer: AFEUSA association benefits are not affiliated with United States Fire Insurance Company. Choice Fixed Indemnity Insurance Plan benefits are not dependent on the use of the association's providers. AFEUSA membership is available without purchasing this plan. The benefits listed are not insurance and do not provide coverage, they only provide discounts and services. Benefit discounts and services vary by state. Please refer to the AFEUSA Membership brochure for complete details. Association membership can be purchased without insurance at <https://afeusa.org/join-afeusa/>.

Non-Insurance Network

Limited Benefit Plan Network



Members under this plan receive access to the MultiPlan Limited Benefit Plan network, and may choose to be treated in or out of this network. This network membership entitles members access to doctors and hospital facilities who are contracted to provide specific medical care at negotiated rates.

- Locate providers at: www.multiplan.com
- Approximately 900,000 healthcare providers under contract
- Estimated 57 million members accessing the network products
- Nearly 110 million claims processed through the networks each year

Disclaimer: The amount of reduction varies by state and type of medical service received. Members must pay for all services, no portion of any provider's fees will be reimbursed or otherwise paid by MultiPlan Limited Benefit Plan network. MultiPlan Limited Benefit Plan network does not process claims, they only provide a network of providers who have agreed to accept negotiated rates. The list of participating providers is subject to change without notice. The MultiPlan Limited Benefit Plan network is not affiliated with United States Fire Insurance Company and the insurance benefits provided are not dependent on the use of this network. For more information about this network please visit www.multiplan.com. This is not insurance and is not affiliated with the Choice Fixed Indemnity Insurance Plan provided by United States Fire Insurance Company.

Non-Insurance Benefits



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



The expert healthcare navigators listen to the member's needs, then find the best care for them at a low price. Also, when a member faces an unexpected or unreasonably high medical bill, a dedicated Point Health patient advocate works on their behalf to negotiate a reduction.



At the Rx Helpline, a team of advocates specializes in finding the lowest cost alternative for prescription medications. The team has helped over one million people navigate the complex system of prescription coverage and save money on their medications. Telephone consulting with Rx Helpline advocates to navigate the options is at your fingertips. The team helps individuals get their medications for the lowest possible cost – and sometimes even for free.



Teladoc gives your clients 24/7/365 access to U.S. board-certified doctors who can resolve many of their medical issues via phone or online video.

Product Summary

Coverage Effective Date	Next day coverage available; later effective date available, but not to exceed 60 days from date of processed application.
Age Eligibility	18 - 65 applicant and spouse, as well as their dependent unmarried children under age 26
Choice Fixed Indemnity Insurance Plan is great for those who:	Need to supplement with another plan to lower out-of-pocket cost
Non-Insurance Network	Access to MultiPlan Limited Benefit Network*

*MultiPlan Limited Benefit Network is not affiliated with the Choice Fixed Indemnity Insurance Plan.

Plan Benefits

This is a brief summary of Choice Fixed Indemnity Insurance Plan Benefits are subject to the policy limitations and exclusions. Refer to the policy, certificate, and riders for complete details.

Benefits	Plan 1	Plan 2	Plan 3
Policy Year Maximum Benefit	\$10,000	\$15,000	\$150,000
Hospital Admission	\$500 for first day of Hospital Confinement per Policy Period Benefit is payable in lieu of Daily Hospital Confinement Benefit	\$500 for first day of Hospital Confinement per Policy Period Benefit is payable in lieu of Daily Hospital Confinement Benefit	\$500 for first day of Hospital Confinement per Policy Period Benefit is payable in lieu of Daily Hospital Confinement Benefit and Daily Intensive Care Unit
Daily Hospital Confinement	\$200 per day for days 1-10 for a Hospital Confinement occurring in a Policy Period	\$1,000 per day for days 1-10 for a Hospital Confinement occurring in a Policy Period	\$1,500 per day for days 1-90 for a Hospital Confinement occurring in a Policy Period Benefit is payable in addition to Daily Intensive Care Unit
Daily Intensive Care/ Coronary Care Unit	--	--	\$1,500 per day for days 1-30 for an Intensive Care/Coronary Care Unit Hospital Confinement occurring in a Policy Period Benefit is payable in addition to Daily Hospital Confinement Benefit
Daily Emergency Room Visits for Sickness Only	--	--	\$250 per day up to a maximum of 1 day per Policy Period for Sickness
Daily Inpatient Surgery	\$500 per day to a maximum of 2 days per Policy Period	\$1,000 per day to a maximum of 2 days per Policy Period	\$1,500 per day to a maximum of 2 days per Policy Period
Daily Outpatient Surgery	\$500 per day to a maximum of 1 day per Policy Period	\$1,000 per day to a maximum of 1 days per Policy Period	\$1,500 per day to a maximum of 2 days per Policy Period
Daily Physician's Office Visits	\$75 per day up to a maximum of 3 days per Plan Year for Medically Necessary visits and an additional 2 days for Wellness Visits	\$75 per day up to a maximum of 6 days per Plan Year for Medically Necessary visits and an additional 2 days for Wellness Visits	\$100 per day up to a maximum of 6 days per Plan Year for Medically Necessary visits and an additional 2 days for Wellness Visits
Daily Inpatient Diagnostic Laboratory Tests	\$50 per day up to a maximum of 1 day per Policy Period for Medically Necessary visits	\$200 per day up to a maximum of 1 day per Policy Period for Medically Necessary visits	\$250 per day up to a maximum of 2 days per Policy Period for Medically Necessary visits
Daily Outpatient Diagnostic Laboratory Tests	\$50 per day up to a maximum of 2 days per Policy Period for Medically Necessary visits and an additional 2 days for other Wellness Visits	\$200 per day up to a maximum of 2 days per Policy Period for Medically Necessary visits and an additional 2 days for other Wellness Visits	\$250 per day up to a maximum of 2 days per Policy Period for Medically Necessary visits and an additional 2 days for other Wellness Visits
Daily Ambulance	--	--	\$250 per day to a maximum of 1 day per Policy Period

* The Daily Intensive Care Unit Benefit will only be paid for days when the Insured Person receives a Daily Hospital Confinement Benefit.

Disclaimer: The amount of benefits provided depends upon the plan selected; the premium will vary with the amount of the benefits selected. Please check the product certificate or master policy for complete details.

THIS IS A LIMITED FIXED INDEMNITY POLICY. IT PAYS BENEFITS REGARDLESS OF ANY OTHER INSURANCE. THE POLICY IS NOT A MAJOR MEDICAL OR COMPREHENSIVE MEDICAL HEALTHCARE POLICY. PLEASE READ YOUR CERTIFICATE OF INSURANCE CAREFULLY.

Limitations and Exclusions

Pre-Existing Condition Limitation

Pre-Existing Condition means a disease or physical condition for which medical advice or treatment was recommended or received by the Covered Person during the 12 months prior to the Covered Person's Effective Date of Coverage.

Pre-Existing Conditions will not be covered for a period of the first 12 months after the Covered Person's Effective Date of Coverage.

Exclusions

The Policy does not cover any loss resulting in whole or part from, or contributed to by, or as a natural or probable consequence of any of the following:

1. Suicide, attempted suicide or intentional self-inflicted Injury while sane or insane.
2. War or any act of war, declared or undeclared.
3. while the Covered Person is on Active Duty Service in any Armed Forces, National Guard, military, naval or air service or organized reserve corps.
4. Active participation in a riot or insurrection.
5. Treatment which arises out of, or in the course of fighting, brawling, assault or battery.
6. Treatment for Mental Illness or Nervous Disorders, except as specifically provided in the Policy.
7. Treatment for Substance Abuse, except as specifically provided in the Policy.
8. Injury or Sickness caused by, contributed to or resulting from the Covered Person's use of alcohol, illegal drugs or medicines that are not taken in the dosage or for the purpose as prescribed by the Covered Person's Physician.
9. Violation or attempt to violate any duly-enacted law or regulation, or commission or attempt to commit an assault or felony, or that occurs while engaged in an illegal occupation.
10. Services or treatment rendered by a Physician, Nurse or any other person who is employed or retained by the Policyholder; or an Immediate Family Member of the Covered Person.
11. Travel or activity outside of the United States, except for a Medical Emergency.
12. Participation in any motorized race or speed contest.
13. Aggravation or re-injury of a prior Injury that the Covered Person suffered prior to his or her coverage Effective Date, unless We receive a written medical release from the Covered Person's Physician.
14. Injury to a Covered Person resulting from that Covered Person's willful violation of the Policyholder's rules or regulations. Willful violation includes, but is not limited to: a) working without protective clothing, helmets, gloves, etc., required by the Policyholder's rules or regulations; or b) participating in any activity that is in violation of the Policyholder's rules or regulations.
15. Pregnancy, except Complications of Pregnancy or childbirth unless conception occurred while coverage was in force under the Policy.
16. Elective Abortion, including complications. "Elective Abortion" means an abortion for any reason other than to preserve the life of the female upon whom the abortion is performed.
17. Experimental or Investigational drugs, services, supplies or procedure that is Experimental or Investigational at the time the procedure is done. For the purposes of this exclusion, "Experimental or Investigational" means medical services, supplies or treatments provided or performed in a special setting for research purposes, under a treatment protocol or as part of a clinical trial (Phase I, II or III). The procedure will also be considered Experimental or Investigational if the Covered Person is required to sign a consent form that indicates the proposed treatment or procedure is part of a scientific study or medical research to determine its effectiveness or safety. Medical treatment, that is not considered standard treatment by the majority of the medical community or by Medicare, Medicaid or any other government financed programs or the National Cancer Institute regarding malignancies, will be considered Experimental or Investigational. A drug, device or biological product is considered Experimental or Investigational if it does not have FDA approval or approval under an interim step in the FDA process, i.e., an investigational device exemption or an investigational new drug exemption.
18. Treatment for being overweight, gastric bypass or stapling, intestinal bypass, and any related procedures, including complications.
19. Treatment or services provided by a private duty nurse, unless provided for in the Policy.

Exclusions (Cont.)

20. Treatment of a detached retina unless caused by an Injury suffered from a Covered Accident.
21. Damage to or loss of dentures or bridges or damage to existing orthodontic equipment, except as specifically provided in the Policy.
22. Treatment of temporomandibular joint (TMJ) disorders involving the installation of crowns, pontics, bridges or abutments, or the installation, maintenance or removal of orthodontic or occlusal appliances or equilibration therapy; or craniomandibular joint dysfunction and associated myofacial pain, except as specifically provided in the Policy.
23. Treatment for blood or blood plasma.
24. Routine vision care.
25. Any Accident where the Covered Person is the operator of a motor vehicle and does not possess a current and valid motor vehicle operator's license.
26. Travel in or upon, alighting to or from, or working on or around any motorcycle or recreational vehicle including but not limiting to: two- or three-wheeled motor vehicle; four-wheeled all terrain vehicle (ATV); jet ski; ski cycle; snow mobile; or riding in a rodeo according to the Policy provisions; or any off road motorized vehicle not requiring licensing as a motor vehicle.
27. Travel or flight in or on any vehicle for aerial navigation, including boarding or alighting from:
 - i. While riding as a passenger in any aircraft not intended or licensed for the transportation of passengers; or
 - ii. While being used for any test or experimental purpose; or
- iii. While piloting, operating, learning to operate or serving as a member of the crew thereof; or
- iv. While traveling in any such aircraft or device which is owned or leased by or on behalf of the Policyholder of any subsidiary or affiliate of the Policyholder, or by the Covered Person or any member of His household.
- v. A space craft or any craft designed for navigation above or beyond the earth's atmosphere; or
- vi. An ultra light, hang gliding, parachuting or bungee cord jumping.

Except as a fare paying passenger on a regularly scheduled commercial airline
28. Rest cures or custodial care.
29. Prescription Drugs unless specifically provided for under the Policy.
30. Elective or cosmetic surgery, except for reconstructive surgery on a diseased or injured part of the body.
31. Physiotherapy services.