



AFEUSA PRODUCT SUMMARY

On becoming a member of the Association For Entrepreneurship USA (AFEUSA), it provides Network, Resources and Benefits. As a member of AFEUSA, by joining the ten's thousands of other individuals in taking this step to enjoy the significant benefits that are now available to you as a member of AFEUSA. Our AM BEST Rated carriers provide valuable benefits for those who enroll.

In order to help you understand how your benefit plan works and provide you with peace of mind and security, we have provided a few of the key features and plan highlights below. Please refer to the specific brochure of Coverage Outlines, Limitations, Exclusions, and AFEUSA Membership Requirements.

AFEUSA Offers the following Insurance Programs:

- Group Term Life both Basic and Voluntary
- PPO Dental Coverage
- Critical Illness Plan
- Accident Medical Plan
- Accident & Sickness Hospital Indemnity Insurance



E-DELTA DENTAL

No Waiting Periods/First Day Coverage. Implants Covered Under Major Services.

To Go CarryoverSM Feature

Allows members to carryover qualified unused portions of their annual maximum benefit amount from one benefit year to the next. The maximum carryover benefits will not exceed two times your annual maximum benefit.

Guaranteed Acceptance: the primary member must be a minimum age of 18 and coverage is available to all eligible family members. Membership and coverage is effective on the first day of the following month after purchase.

E-DELTA DENTAL

Plan Benefits: Type I - Preventive / Type II - Basic / Type III - Major (includes implants)

SINGLE RATE - ALL AGES 18+

PLAN - SILVER			PLAN - GOLD			PLAN - PLATINUM		
Plan benefits:	50/50/50		Plan benefits:	100/70/70		Plan benefits:	100/70/70	
Ded (Type I waived - applies to Type II & III only)	\$50		Ded (applies to all services)	\$100		Ded (Type I waived - applies to Type II & III only)	\$150	
Policy Yr Max Benefit	\$1,000	*\$2,000	Policy Yr Max Benefit	\$3,000	*\$6,000	Policy Yr Max Benefit	\$3,000	*\$6,000
Total retail price		\$38.29	Total retail price		\$62.32	Total retail price		\$69.65

MEMBER +1 / COUPLE RATE - ALL AGES 18+

PLAN - SILVER			PLAN - GOLD			PLAN - PLATINUM		
Plan benefits:	50/50/50		Plan benefits:	100/70/70		Plan benefits:	100/70/70	
Ded (Type I waived - applies to Type II & III only)	\$50		Ded (applies to all services)	\$100		Ded (Type I waived - applies to Type II & III only)	\$150	
Policy Yr Max Benefit	\$1,000	*\$2,000	Policy Yr Max Benefit	\$3,000	*\$6,000	Policy Yr Max Benefit	\$3,000	*\$6,000
Total retail price		\$59.15	Total retail price		\$103.25	Total retail price		\$116.96

FAMILY RATE - ALL AGES 18+

PLAN - SILVER			PLAN - GOLD			PLAN - PLATINUM		
Plan benefits:	50/50/50		Plan benefits:	100/70/70		Plan benefits:	100/70/70	
Ded (Type I waived - applies to Type II & III only)	\$50		Ded (applies to all services)	\$100		Ded (Type I waived - applies to Type II & III only)	\$150	
Policy Yr Max Benefit	\$1,000	*\$2,000	Policy Yr Max Benefit	\$3,000	*\$6,000	Policy Yr Max Benefit	\$3,000	*\$6,000
Total retail price		\$77.70	Total retail price		\$146.44	Total retail price		\$169.10

*Carryover Max benefit feature APPLIES TO ALL PLANS - carryover limit 2 x Max benefit

Agent Use Only. This is a summary and Detail Plan Designs, Limitations & Exclusions are available up request.



PREMIER LIFE PLAN

Full Benefits after the effective date.

- Term Life Insurance Benefits adjusted by age; Age 65 (65% of benefit); Age 70 (50% of benefit); Age 75+ (35% of benefit).
- Voluntary Term Life rates Age Banded every 5 years. Rates increase at policy anniversary date.
- Travel Assistance is included and provides assistance with emergency travel, and legal referral (see plan highlights).
- The Life Services Tool Kit helps with legal questions, funeral planning, estate planning documents and other services (see plan highlights).
- Conversion: allows the member to convert the policy to an individual whole life policy without evidence of insurability.
- Portability: Allows the insured to purchase up to the amount of group life insurance coverage in force under the group policy.
- Provides a benefit to relocate a deceased body if someone passes away more than 200 miles away from home.

AFEUSA GUARANTEED ISSUE TERM LIFE BENEFIT				
Age	AFEUSA Basic Life Membership	Monthly Dues	AFEUSA Basic Term Life + Voluntary Term Life	Total Monthly Dues
25	\$25,000	\$41.67	\$75,000	\$51.67
30	\$25,000	\$41.67	\$75,000	\$51.67
35	\$25,000	\$41.67	\$75,000	\$52.78
40	\$25,000	\$41.67	\$75,000	\$58.33
45	\$25,000	\$41.67	\$75,000	\$63.89
50	\$25,000	\$41.67	\$75,000	\$75.00
55	\$25,000	\$41.67	\$75,000	\$102.78
60	\$25,000	\$41.67	\$75,000	\$163.89
65	\$16,250	\$41.67	\$48,750	\$275.00
70	\$12,500	\$41.67	\$37,500	\$497.22
75+	\$8,750	\$41.67	\$26,250	\$1,319.44

ACCIDENT AND SICKNESS HOSPITAL INDEMNITY BENEFIT DESCRIPTIONS

In-Hospital Indemnity Benefit

We will pay the daily In-Hospital Benefit Amount, after the Elimination Period shown above, for each day a Covered Person is In-Hospital due to a Sickness or Accident. The first day of a Hospital stay must occur within 30 days of the Accident, causing the Injury.

Intensive Care Unit Indemnity Benefit

We will pay the daily Intensive Care Unit Benefit Amount, after the Elimination Period shown above, for each day of Confinement if an Accident or Sickness causes a Covered Person to be Confined in an Intensive Care Unit. This benefit is paid in addition to the In-Hospital Benefit Amount. The first day of Confinement in the Intensive Care Unit must occur within 30 days of the Accident.

Emergency Room Indemnity Benefit

We will pay the Emergency Room Benefit Amount if an Accident or Sickness causes the Covered Person to require and receive Emergency Medical Care in an emergency room of a Hospital. Treatment must be received within 24 hours of the Accident.

Physician Office Visit Indemnity Benefit

We will pay the Physician Office Visit Indemnity Benefit Amount for a Physician office visit as a result of an Accident or Sickness.

Hospital Indemnity Plan	Plan #1	Plan #2	Plan #3	Plan #4
In Hospital Indemnity (1 Day Elimination Period for Accident or Sickness)	\$250 per day	\$500 per day	\$750 per day	\$1,000 per day
Max Days Per Confinement	5	5	5	5
Max Number of Days Per Plan Year	10	10	10	10
Intensive Care Unit (1 Day Elimination Period for Accident or Sickness)	\$250 per day	\$500 per day	\$750 per day	\$1,000 per day
Max Days Per Confinement	5	5	5	5
Max Number of Days Per Plan Year	10	10	10	10
Monthly Rates	Plan #1	Plan #2	Plan #3	Plan #4
Primary Member	\$14.22	\$28.43	\$42.65	\$56.87
Primary Member + Spouse/Domestic Partner	\$25.02	\$50.04	\$75.06	\$100.08
Primary Member + Dependent Child(ren)	\$26.15	\$52.29	\$78.44	\$104.59
Family	\$35.66	\$71.31	\$106.97	\$142.62

Hospital Indemnity Plan	Plan #5	Plan #6	Plan #7	Plan #8
In Hospital Indemnity (One Day Elimination Period for Accident or Sickness)	\$250 per day	\$500 per day	\$750 per day	\$1,000 per day
Max Days Per Confinement	5	5	5	5
Max Number of Days Per Plan Year	10	10	10	10
Intensive Care Unit (One Day Elimination Period for Accident or Sickness)	\$250 per day	\$500 per day	\$750 per day	\$1,000 per day
Max Days Per Confinement	5	5	5	5
Max Number of Days Per Plan Year	10	10	10	10
ER Visit (Limit one Visit per Day):	\$100 per day	\$150 per day	\$200 per day	\$250 per day
Max Number of Days Per Plan Year	2	2	2	2
Physician Office Visit (Limit one Visit per Day)	\$25 per day	\$50 per day	\$75 per day	\$100 per day
Max Number of Days per Plan Year:	2	2	2	2
Monthly Rates	Plan #5	Plan #6	Plan #7	Plan #8
Primary Member	\$41.94	\$81.31	\$128.61	\$160.05
Primary Member + Spouse/Domestic Partner	\$73.81	\$143.10	\$226.35	\$281.68
Primary Member + Dependent Child(ren)	\$77.14	\$149.54	\$236.54	\$294.36
Family	\$105.18	\$203.92	\$322.55	\$401.40

Benefits for Member's Spouse or Domestic Partner are paid at 100% of the benefit amount for any covered loss; Dependent Child benefits are paid at 50% of the benefit amount listed for any covered loss.

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ACCIDENT MEDICAL EXPENSE AND ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE (AD&D)

- Spouse and covered Children’s AME amount is equal to the Primary Insured benefit amount.
- Spouse’s AD&D amount is 60% of the Primary Insured benefit amount.
- Covered Children AD&D amount is 20% of the Primary Insured benefit amount.
- Rates are per member per month.

Accident Plan	Plan #1	Plan #2	Plan #3	Plan #4
Accident Medical Expense	\$2,500	\$5,000	\$7,500	\$10,000
AD&D	\$5,000	\$10,000	\$15,000	\$20,000
Zero Deductible Plans	Plan #1	Plan #2	Plan #3	Plan #4
Primary Member	\$12.00	\$15.00	\$17.00	\$20.00
Primary Member + Spouse/Domestic Partner	\$24.00	\$30.00	\$34.00	\$40.00
Primary Member + Dependent Child(ren)	\$27.60	\$34.50	\$39.10	\$46.00
Family	\$33.60	\$42.00	\$47.60	\$56.00
\$250 Deductible Plans	Plan #1	Plan #2	Plan #3	Plan #4
Primary Member	\$9.49	\$12.28	\$14.07	\$16.74
Primary Member + Spouse/Domestic Partner	\$18.97	\$24.55	\$28.14	\$33.48
Primary Member + Dependent Child(ren)	\$21.82	\$28.23	\$32.36	\$38.50
Family	\$26.56	\$34.37	\$39.40	\$46.87

Accidental Death and Dismemberment Schedule of Losses	
Primary Member Principal Sum Amount for Accidental:	
Loss of Life	100% of Principal Sum
Loss of Speech and Loss of Hearing	100% of Principal Sum
Loss of Speech and one of Loss of Hand, Loss of Foot, or Loss of Sight in One Eye	100% of Principal Sum
Loss of Hearing and one of Loss of Hand, Loss of Foot, or Loss of Sight in One Eye	100% of Principal Sum
Loss of Hands (Both), Loss of Feet (Both), Loss of Sight or a combination of any two of Loss of Hand, Loss of Foot, or Loss of Sight of One Eye	100% of Principal Sum
Loss of Hand, Loss of Foot, or Loss of Sight of One Eye (Any one of each)	50% of Principal Sum
Loss of Speech or Loss of Hearing	50% of Principal Sum
Loss of Thumb and Index Finger of the same Hand	25% of Principal Sum



CRITICAL ILLNESS INSURANCE

Why Critical Illness Coverage?

Additional costs associated with critical illnesses may not be covered by health insurance and may leave survivors and their families with unpaid expenses. Critical Illness insurance may help to pay unexpected out of pocket costs. Critical Illness is available for individual or family coverage. Critical Illness insurance pays the applicable benefit amount if an Insured Person, while insured under this policy, is first Diagnosed with a covered condition, subject to the Pre-Existing Condition exclusion.

How can I use the money?

Critical Illness Benefits are paid directly to you or your designees, regardless of any other insurance you may have. You choose how to spend the money at a time when you and your family may need extra cash the most.

The lump sum benefit amount can help with:

- Co-pays and deductibles
 - Home healthcare
- Medical bills
 - Extra recovery time
- Bills
 - Living expenses

Catagory	Covered Critical Condition	Plan #1	Plan #2	Plan #3	Plan #4
	Critical Condition Benefit Amount*	\$5,000	\$10,000	\$15,000	\$20,000
Cancer	Type 1 Cancer	100%	100%	100%	100%
Heart & Circulatory	Heart Attack	100%	100%	100%	100%
Heart & Circulatory	Stroke	100%	100%	100%	100%
Monthly Rates		Plan #1	Plan #2	Plan #3	Plan #4
Primary Member		\$6.45	\$12.89	\$19.34	\$25.79
Primary Member + Spouse/Domestic Partner		\$12.89	\$25.78	\$38.68	\$51.57
Primary Member + Dependent Child(ren)		\$6.65	\$13.30	\$19.96	\$26.61
Family		\$13.15	\$26.30	\$39.44	\$52.59

*The benefit amount for a covered spouse is equal to the Primary Member’s benefit amount. The benefit amount for a covered Dependent Child is equal to 25% of the Primary Member’s benefit amount.

The plan will pay a maximum of 100% per category for each Critical Condition suffered by the Insured Person. Benefits are paid one time for each category of Critical Condition. The Lifetime Maximum Benefit Amount that We will pay for each Insured Person* under this policy is 200% of the Benefit Amount for all occurrences combined for all Covered Conditions. Coverage under this policy ceases when the Lifetime Maximum Amount has been reached. Any amount payable under this policy will be reduced by 50% if an Insured Person is age 70 or older on the date the benefit becomes payable.



AFEUSA MEMBERSHIP LEVELS

Association for Entrepreneurship USA Members enjoy services and discounts on a variety of business, health and travel services. There are multiple memberships of the association. Association members will receive a separate access or mailing with complete details on how to access their benefits.

Basic AFEUSA is required to enroll into any of the insurance plans.

Benefits	SELECT BASIC	SELECT SILVER	SELECT GOLD	SELECT PLATINUM	SELECT DIAMOND
1-800MD	X	X	X	X	X
Rx Valet	X	X	X	X	X
Vision Service Plan (VSP)	X	X	X	X	X
ACI Legal Plan		X	X	X	X
ACI Counseling		X	X	X	X
ACI Child Care		X	X	X	X
Answer Financial		X	X	X	X
Pet Assure			X	X	X
NSD Auto Towing Program			X	X	X
Cyber Lock			X	X	X
NAVIGO Health Laboratory Testing				X	X
My E Wellness					X
Careington Dental Vision Hearing					X
Monthly Dues	\$10.95	\$19.95	\$29.95	\$39.95	\$49.95

Benefits
Health & Well-being
Burnalong
Needy-Meds
American Hearing Benefit
Travel & Auto
Avis/Budget Car Rental
Sky Med Emergency Travel
Sky Med Travel
Car Chex
True Car
Home & Family Programs
Costco Wholesale
Benefit Hub
Home Chef
Long Term Care Resources
Griswold Home Care

Benefits
Financial, HR & Credit
Gusto
Take Charge America
The Credit Clinic
EJ Pro Lease
First American
Business & Office Services
Eric's Jobs
Trapp Technology
UPS Express Delivery
Office Depot/ Office Max
E6 Agency
Newsletter Pro

Benefits
Education/Business Coaching
Genious Network
Big Results Academy
goSmallBiz.com
The Messinger Institute
SocialCore Marketing
Joel Weldon
Empowered Couples University
Legal Shield/Identify Shield
InfoArmor by Allstate
Legal Shield
ID Shield