Modern Day Solution

MEMBERS | CARRIERS | BROKERS



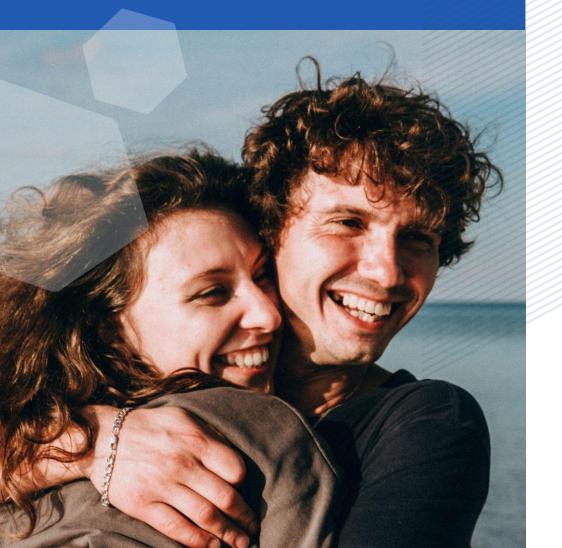




2023
BENEFITS
GUIDE



Dylan & AFEUSADeliverables





AFEUSA wants to reach out to the

80+ million

in this country that are considering or participating in some form of entrepreneurship.

- Deliver non-insured benefits and insured benefits which meet the needs of our expanding "gig" economy.
- Enlist nationally recognized insurance carriers, with products which are guaranteed issue for one person, families or groups.
- Online technology with multiple plans on one platform, one bill; allowing agents to monitor, manage and control how they do business.
- Offer long-term recurring commission revenue to help you build your business as rising costs can be a challenge.



AFEUSA Member Benefits

































AFEUSA Memberships (Standard & Classic Membership)

Membership Prices

- Classic Member Only = \$4.99
- Standard Membership= \$12.95

Life Insurance Benefits

- MetLife Group Term Insurance
- MetLife Group AD&D Benefit

Additional Benefits (Standard Membership Only)

- > 1-800 MD \$0 copay
- Allstate Security Pro
- Rx Valet
- (VSP) Vision Savings Pass
- Navigo Testing Benefit

Benefit	Classic	Standard
1-800 MD		X
Allstate Security Pro		X
Rx Valet		X
VSP		X
Navigo Testing		X
Answer Financial	X	X
MetLife Basic Term	X	X
MetLife AD&D	X	X
35+ Additional Benefits	X	X
Cost:	\$4.99	\$12.95



Life Insurance Benefit - (Issue Ages for Insurance Benefit)

Included Benefits:

Group Term Life Benefit

- Decreases based upon attained age
- > 6-month waiting period

Group AD&D Benefit

- Level benefit up to age 80
- Immediate benefit

AFEUSA Standard Membership	Basic Term Life	AD&D
Attained Ages	Life Insurance Death Benefit	AD&D Benefit
Ages 18-44	\$10,000	\$10,000
Ages 45-55	\$7,000	\$10,000
Ages 56-64	\$4,000	\$10,000
Ages 65-74	\$3,000	\$10,000
Ages 75-79	\$1,500	\$10,000
Age 80+	\$0	\$0



Walmart > Health Virtual Care

A Vendor Partner of AFE



MEMBERSHIP LEVELS	AFE PRIMARY CARE BASIC	AFE PRIMARY CARE PLUS
Walmart Health Virtual Primary Care - \$0 Visit Fee	Х	Х
WellDyne Zero Cost Rx Plan – See Details Page 4	Х	Х
Allstate ID Pro Protection	Х	Χ
ACI Legal Plan	Х	Х
Vision Service Plan (VSP)	Х	Х
Careington Dental Pass		Х
ACI Clinical Counseling 4 visit		
Equal Agency Website Development \$400.00 Value	Х	Χ
Membership Dues		
Member Only	\$19.97	\$34.97
Member + Family	\$29.97	\$49.97



AFEUSA Member Benefits



Travel & Auto

- Avis/Budget Car Rental
- Sky Med Emergency Travel
- Sky Med Travel
- Car Chex
- True Car



Financial, HR & Credit

- Gusto
- Take Charge America
- The Credit Clinic
- EJ Pro Lease
- First American



Home & Family Programs

- Costco Wholesale
- Benefit Hub
- Home Chef
- Long Term Care Resources
- Griswold Home Care



Business & Office Services

- Eric's Jobs
- Trapp Technology
- UPS Express Delivery
- Office Depot/ Office Max
- E6 Agency
- Newsletter Pro



Health & Well-being

- Burnalong
- Needy-Meds
- American Hearing Benefit



Education/Business Coaching

- Genius Network
- Big Results Academy
- goSmallBiz.com
- The Messinger Institute
- SocialCore Marketing
- Joel Weldon
- Empowered Couples
 University



AFEUSA Carrier Partners









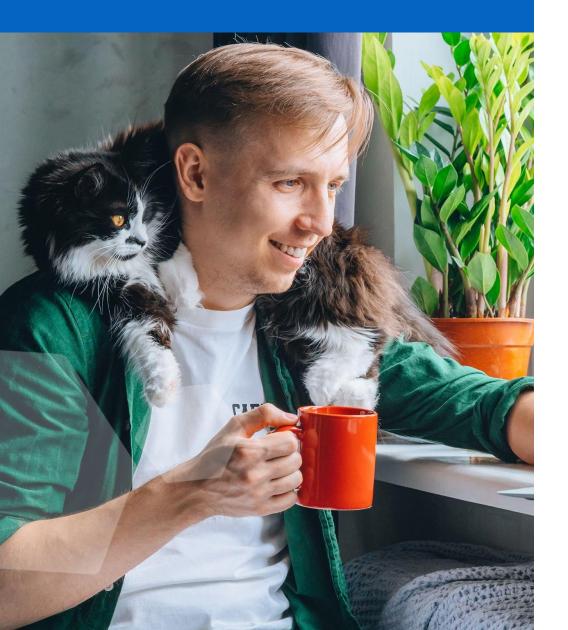












AFEUSA Insured Products

Base Life + AD&D

Hooray Health

Dental Plans

Vision Plans

Hospital Income Plan

AD&D

Accident Disability Income

Accident Medical Expense

Critical Illness

Hospital Income Plan 65+



Dental Plan

The Standard Plan 1&2 ■

- Issue Age: 18+
- Termination Age: None
- Reduction of Benefits: None
- Underwriting: Guarantee Issue
- Coverage Available to: 4 Tiers
- Ameritas netowrk
- Pre-Existing Wait: None

This is a summary of the plans outlined and refer to the policy brochure for a list of all the coverage, exclusion, limitations and waiting periods. This is for Agent Use Only.

- No Waiting Period
- Plan Maximum Benefit Options: \$1,000 or \$3,000
- Annual Deductible: \$50.
- Deductible Waived for Preventative 100%
- Basic/Major Services: 1st Year 60%
- Basic/Major Services 2nd Year 70%
- Basic/Major Services 3rd Year 80%
 - Vision Plan: Exam annually Yes
 - Vision Plan Benefit Per Member: \$150 per year
 - Lenses: single, bifocal, trifocal, lenticular, progressive
 \$50
 - Contacts elective/medically necessary
 - Frames Included



VSP Choice Plan

VSP

- Issue Age: 18+
- 2 Plan options
- Plan 1 lens covered every year and Frames every 24 months
- Plan 2- Lenses and frames covered every year
- Coverage Available to: Member, member/Spouse, Member/children, and Family
- Plans as low as \$12.68-\$15.56

This is a summary of the plans outlined and refer to the policy brochure for a list of all the coverage, exclusion, limitations and waiting periods. This is for Agent Use Only.

Benefits	Plan 1	Plan 2
Copayments		
Exam (every 12 months for both Plans)	\$10	\$10
Materials (Lens every 12 months for both Plans) (Frames every 24 months for Plan 1 and every 12 months for Plan 2)	\$10	\$10
Contact Lens Exam (every 12 months for both Plans)	Up to \$60	Up to \$60
Diabetic Eyecare Plus Program SM	\$20	\$20
Covered Services	Plan 1	Plan 2
Eye Examination	In-Network: Covered in full* Out-of-Network: Reimbursed up to \$45	In-Network: Covered in full* Out-of-Network: Reimbursed up to \$45
Single Vision Lenses	In-Network: Covered in full* Out-of-Network: Reimbursed up to \$30	In-Network: Covered in full* Out-of-Network: Reimbursed up to \$30
Lined Bifocals Lenses	In-Network: Covered in full* Out-of-Network: Reimbursed up to \$50	In-Network: Covered in full* Out-of-Network: Reimbursed up to \$50
Lined Trifocals Lenses	In-Network: Covered in full* Out-of-Network: Reimbursed up to \$65	In-Network: Covered in full* Out-of-Network: Reimbursed up to \$65
Lenticular Lenses	In-Network: Covered in full* Out-of-Network: Reimbursed up to \$50	In-Network: Covered in full* Out-of-Network: Reimbursed up to \$50
Retail Frame Value	In-Network: \$180 Out-of-Network: Reimbursed up to \$70	In-Network: \$250 Out-of-Network: Reimbursed up to \$70
Costco®/Walmart Frame Values	In-Network: \$100 Out-of-Network: N/A	In-Network: \$135 Out-of-Network: N/A
Contact Lens Exam (Fit/Evaluation)	In-Network: Covered in full* Out-of-Network: Included with \$105 Elective Contact Lenses	In-Network: Covered in full [*] Out-of-Network: Included with \$105 Elective Contact Lenses
Elective Contact Lenses***	In-Network: \$150 (materials only) Out-of-Network: Reimbursed up to \$105	In-Network: \$175 (materials only) Out-of-Network: Reimbursed up to \$105
Necessary Contact Lenes (once every 12 months** for both Plans)	In-Network: Covered in full after Copay* Out-of-Network: Reimbursed up to \$210	In-Network: Covered in full after Copay Out-of-Network: Reimbursed up to \$210
Covered Lens Enhancements	In-Network: Polycarbonate Lenses = Covered in full for dependent children up to the end of the year in which they turn age 26 Standard Progressives = Covered in full Scratch-Resistant Coating = Covered in full Out-of-Network: N/A	In-Network: Polycarbonate Lenses covered in full for adults & children. Standard Progressives are covered in full. Premium and Custom lenses are covered after a \$40 copay. Scratch Resistant Coating covered in full. Out-of-Network: N/A
Non-Covered Lens Enhancements	In-Network: Most popular are covered with a Copay, saving an average of 30% Out-of-Network: N/A	In-Network: Most popular are covered with a Copay, saving an average of 30% Out-of-Network: N/A
Extra Discounts & Savings	In-Network: 20% savings on additional pairs of prescription and non-prescription glasses, Multiple Rebates/Promotional Discounts Out-of-Network: N/A	In-Network: 20% savings on additional pairs of prescription and non-prescription glasses Multiple Rebates/Promotional Discounts Out-of-Network: N/A
Diabetic Eyecare Plus Program™ Eye Examination	In-Network: Covered in full after a Copayment of \$20 Out-of-Network: Covered up to \$100 after a Copayment of \$20	In-Network: Covered in full after a Copayment of \$20 Out-of-Network: Covered up to \$100 after a Copayment of \$20
Diabetic Eyecare Plus Program sM Special Ophthalmological Services	In-Network: Covered in full Out-of-Network: Covered up to \$120 per individual service	In-Network: Covered in full Out-of-Network: Covered up to \$120 per individual service

^{**}Beginning with the first date of service

Accident Disability Income Zurich

- Issue Age: 18-64
- Termination Age: 65
- Reduction of Benefits: None
- Underwriting: Guarantee Issue
- Coverage Available to: Member Only
- Pre-Existing Wait 6mo/12mo

- 12 Months Duration
- 14 or 30 Day Elimination Period
 - 14 Days Elimination \$250/\$500 per week
 - 30 Days Elimination \$500/\$750/\$1,000 per week.
- \$5,000 AD&D Benefit
- Tax Free Benefit
- Coverage starting at \$26.38



Accident Medical Expense

Zurich

Issue Age: 18-64

• Termination Age: 75

• Reduction of Benefits: Age 67

Underwriting: None

Coverage: 4 Tiers

• Waiting Period: None

This is a summary of the plans outlined and refer to the policy brochure for a list of all the coverage, exclusion, limitations and waiting periods. This is for Agent Use Only.



- Coverage amounts of \$2,500; \$5,000; \$7,500; \$10,000
- 24-hour Coverage with offsets from Workers
 Comp or other health coverage

Coverage starts at \$15.92/mo



Critical Illness Plan

Zurich

Issue Age: 18-64

Termination Age: 75

Reduction of Benefits 50% at Age 67

• Underwriting: None

• Coverage Available to: Member, Spouse & Children

• Pre-Existing: 12/12

Guaranteed issue coverage amounts - \$5,000;
 \$10,000; \$15,000; \$20,000

- Cancer, Heart & Circulatory, Transplants, Paralysis plus additional health issues
- Coverage starts at \$11.60/mo





Hospital Income Plan

Zurich

• Issue Age: 18-64

• Termination Age: 75

• Reduction of Benefits Age 67

• Underwriting: Guarantee Issue

• Coverage Available: 4 Tiers

• Pre-Existing: 12mo/12mo

Coverage Starting at \$15.85/mo

	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	per day 5 10 10
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
Max days per confinement	5	5	5	5 10
Max number of days per plan year	10	10	10	10





Hospital Income Plan with ER

Zurich

Issue Age: 18-64

• Termination Age: 75

• Reduction of Benefits Age 67

• Underwriting: Guarantee Issue

• Coverage Available: 4 Tiers

Pre-Existing: 12mo/12mo

Coverage starting at \$21.45/mo

	Plan 5	Plan 6	Plan 7	Plan 8
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
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





Hospital Income Plan

Prudential

- Issue Age: 18-74
- Termination Age: 85
- 6 plan options
- Underwriting: Guarantee Issue
- Pre-Existing: 6mo/12mo

This is a summary of the plans outlined and refer to the policy brochure for a list of all the coverage, exclusion, limitations and waiting periods. This is for Agent Use Only.

Benefit	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6
Hospital admission benefit	\$500	\$800	\$1000	\$0	\$0	\$0
Daily confinement	\$150	\$200	\$250	\$250	\$350	\$500

- 2 hospital admissions per year
- Cover up to 30 days per calendar year
- Not considered new admission if within 180 days of original confinement if readmitted for same condition as original
- Guaranteed issue to age 74



Hospital Income Plan

Prudential

- Issue Age: 18-74
- Termination Age: 85
- 6 plan options
- Underwriting: Guarantee Issue
- Pre-Existing: 6mo/12mo

This is a summary of the plans outlined and refer to the policy brochure for a list of all the coverage, exclusion, limitations and waiting periods. This is for Agent Use Only.

PLAN 1		PLAN 2	
500/150	Monthly Rate*	800/200	Monthly F
Ages		Ages	
<25	\$ 4.83	<25	\$ 7.02
25-29	\$ 6.57	25-29	\$ 9.55
30-34	\$ 7.30	30-34	\$ 10.60
35-39	\$ 7.16	35-39	\$ 10.38
40-44	\$ 7.97	40-44	\$ 11.5
45-49	\$ 8.88	45-49	\$ 12.77
50-54	\$ 10.03	50-54	\$ 14.39
55-59	\$ 11.68	55-59	\$ 16.72
60-64	\$ 15.11	60-64	\$ 21.6
65-69	\$ 18.92	65-69	\$ 27.1
70-74	\$ 23.88	70-74	\$ 34.2
75-79	\$31.15	75-79	\$ 44.6
80-84	\$ 41.90	80-84	\$ 59.9

0/200	Monthly Rate*	1000/250	Monthly Rate*
jes		Ages	
25	\$ 7.02	<25	\$ 8.77
5-29	\$ 9.55	25-29	\$ 11.94
-34	\$ 10.60	30-34	\$ 13.25
-39	\$ 10.38	35-39	\$ 12.96
)-44	\$ 11.51	40-44	\$ 14.38
-49	\$ 12.77	45-49	\$ 15.97
-54	\$ 14.39	50-54	\$ 17.99
-59	\$ 16.72	55-59	\$ 20.89
-64	\$ 21.60	60-64	\$ 27.00
-69	\$ 27.16	65-69	\$ 33.95
-74	\$ 34.27	70-74	\$ 42.84
-79	\$ 44.67	75-79	\$ 55.82
-84	\$ 59.98	80-84	\$ 74.97

PLAN 3

For each covered person:

75-79

80-84

PLAN 4		PLAN 5	
250	Monthly Rate*	350	Monthly Rate*
Ages		Ages	
<25	\$ 4.50	<25	\$ 6.29
25-29	\$ 6.00	25-29	\$ 8.41
30-34	\$ 6.66	30-34	\$ 9.33
35-39	\$ 6.66	35-39	\$ 9.33
40-44	\$ 7.80	40-44	\$ 10.91
45-49	\$ 8.82	45-49	\$ 12.34
50-54	\$ 10.25	50-54	\$ 14.34
55-59	\$ 12.15	55-59	\$ 17.02
60-64	\$ 15.90	60-64	\$ 22.25
65-69	\$ 19.40	65-69	\$ 27.15
70-74	\$ 24.52	70-74	\$ 34.32

75-79

80-84

\$45.36

\$61.74

\$32.40

\$44.10

PLAN 6	
500	Monthly Rate*
Ages	
<25	\$ 8.97
25-29	\$ 11.99
30-34	\$ 13.32
35-39	\$ 13.32
40-44	\$ 15.59
45-49	\$ 17.62
50-54	\$ 20.49
55-59	\$ 24.30
60-64	\$ 31.77
65-69	\$ 38.76
70-74	\$ 49.02
75-79	\$ 64.79
80-84	\$88.20

LifeTime Benefit With LTC rider

CHUBB/Combined

- Issue Age: 19-59 Permanent Term Life insurance –
 Terminates age 121
- Underwriting: Conditionally guarantee issue with several 'knock out' questions up to \$150K
- Guaranteed Renewable; and Term Life premiums will not increase, guaranteed to age 100
- Accelerated death benefit rider for terminal illness and Long Term Cre benefits for SNF, ALF, HHC, Adult Day Care if 2 ADL's impacted, including cognitive

This is a summary of the plans outlined and refer to the policy brochure for a list of all the coverage, exclusion, limitations and waiting periods. This is for Agent Use Only.

LifeTime Benefit Term - Permanent Life Insurance

- Permanent and Guaranteed Renewable
 - Coverage cannot be cancelled as long premiums are paid when due.
- Portable
 - Members can keep this coverage, at the same rate and terms, if they change jobs or retire.
- Level Premium
 - Life insurance premiums will never increase and are guaranteed to age 100. After age 100, no premium is due.
 - Coverage terminates at attained age 121.
- Convalescent Care Rider
 - If qualified Long Term Care Services are needed and certified, 4% of the Death Benefit is paid each month for skilled nursing home care, assisted living, adult day care or home health care.
- Paid-up Benefits
 - After the plan is in-force for 10 years, if premiums stop being paid, a reduced paidup benefit is guaranteed.
- Terminal Illness Rider
 - After the plan has been in-force 30 days, a covered person could receive 50% of the Death Benefit – if they are diagnosed as terminal (life expectancy of 24 months or less).
- Benefit amounts of \$100,000, \$125,000 & \$150,000 are available to anyone working 30+ hours per week, with several Y/N qualifying health questions
- The plan is offered through CHUBB an A++ (A.M. Best) rated company.





LifeTime Benefit w/LTC rider Underwritten by CHUBB/Combined

- Issue Age: 19-59 Permanent Term Life insurance terminates attained age 121
- Underwriting: Conditionally Guarantee Issue must be working 30+ hours per week;
 - > + 4 'knock out' questions up to \$150K
- A. Has the Employee missed more than 5 consecutive days of active work due to an illness or injury in the past 3 months?
- B. Has any proposed Insured been treated in a medical facility, hospitalized or disabled in the past 6 months, excluding flu or cold? Hospitalized means in-patient or outpatient, whether or not confined. Treated in a medical facility does NOT include a regular physician's office visit.
- C. Has any Proposed Insured, within the last 10 years, been diagnosed as having or been treated by a physician for Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC) or tested positive for the Human Immunodeficiency Virus (HIV)?
- D. Has any person/Spouse proposed for coverage been seen or treated by a licensed physician or other medical practitioner within the past 6 months, excluding flu, cold or routine physical?



Our Enrollment Technology

Our Proprietary Technology Platform gives AFEUSA the edge in enrollment, member engagement, and agent management.

Enrollment Platform

- Co-branded enrollment website
- Mobile responsive
- Consumer focused design and enrollment
- One cart solution to purchase benefits and insurance products
- Post-date capabilities for future effective dates
- Save enrollment applications for future enrollments

Member Portal

- Easy navigation and management for member benefits including insurance certificate/fulfillment
- Manage payments, address, and dependent information with a click of a button
- Mobile responsive



Built by those who know the business





Agent Management Platform

- Easy to navigate, useful tools and extensive reporting
- Commission review; sales reporting of personal and downline activity
- Manage member benefits and reporting
- Run quotes and send prospective member invitations with a click of button
- Managers can build their own compensation for downline teams
- Access to reporting and analytics for full control/transparency
- Mobile responsive



Agent Recruiting and Contracting

- Use dedicated URLs or specific codes to contract prospective agents
- Reporting and analytics for managing recruiting initiatives
- Mobile responsive





THANK YOU

- All product Brochures and one page flyers are available in your agent back office under the training tab
- Platform training videos alos available in agent back office under training tab



