

AdvantHealth STM



Carrier & Underwriter



Association



Billing and Customer service



Product Summary

Deductible Options	\$500, \$1,000, \$2,000, \$2,500, \$5,000, \$7,500, \$10,000
Coinsurance Options	80%/20%
Coinsurance Limit	\$2,000 or \$4,000
Length of Coverage	Available for up to 36 months of coverage depending upon state regulations.
Network	<ul style="list-style-type: none">• PHCS network giving members access to in-network negotiated rate• Facility charge: Plan pays up to 150% of Medicare allowable charges
Coverage Effective Date	Next day coverage; later effective date available, but not to exceed 60 days from date of transmission
Eligibility	18 - 64 1/2 Child coverage policies from 2-17
Waiting Period	5 days for sickness 30 days for cancer. No waiting period for injuries.

Pre-existing Waiver Rider:

Pre-Existing Waiver Rider option will waive any conditions that were covered during the prior coverage period which means consumers will not have to re-qualify for another term to begin. Terms of coverage and limitations may vary by state.

Who is this plan good for?

- For those who are between jobs or have been laid off
- For those who are waiting for employer benefits
- For those who have part-time or temporary employment
- For those who have recently graduated
- For those who are without adequate health insurance

How will consecutive policy terms work?

When a customer applies for consecutive policy terms in one enrollment, they will be issued their initial term of coverage, and subsequent terms will be pending. The waiting period on all subsequent terms will be waived. Customers will not have to reapply for additional terms. When subsequent terms of coverage are set to begin, the customer will receive an email stating their plan has continued into the next term. The email will provide them with their new monthly rate (if applicable), and they will have the opportunity to opt out at this time.

Will the plan benefits carry-over between terms?

If the customer has selected the pre-ex waiver rider, the policy waiting periods for sickness and cancer will be waived in subsequent terms. Deductible and coinsurance and all benefit limits will reset with each 12 month block of coverage.

DISCLAIMER: THIS COVERAGE IS NOT REQUIRED TO COMPLY WITH CERTAIN FEDERAL MARKET REQUIREMENTS FOR HEALTH INSURANCE, PRINCIPALLY THOSE CONTAINED IN THE AFFORDABLE CARE ACT. BE SURE TO CHECK THE CERTIFICATE CAREFULLY TO MAKE SURE YOU ARE AWARE OF ANY EXCLUSIONS OR LIMITATIONS REGARDING COVERAGE OF PRE-EXISTING CONDITIONS OR HEALTH BENEFITS (SUCH AS HOSPITALIZATION, EMERGENCY SERVICES, MATERNITY CARE, PREVENTIVE CARE, PRESCRIPTION DRUGS, AND MENTAL HEALTH AND SUBSTANCE USE DISORDER SERVICES). YOUR COVERAGE ALSO HAS LIFETIME AND/OR ANNUAL DOLLAR LIMITS ON HEALTH BENEFITS. IF THIS COVERAGE EXPIRES OR YOU LOSE ELIGIBILITY FOR THIS COVERAGE, YOU MIGHT HAVE TO WAIT UNTIL AN OPEN ENROLLMENT PERIOD TO GET OTHER HEALTH INSURANCE COVERAGE. THIS INFORMATION IS A BRIEF DESCRIPTION OF THE IMPORTANT FEATURES OF THIS INSURANCE PLAN. COVERAGE MAY NOT BE AVAILABLE IN ALL STATES OR CERTAIN TERMS MAY BE DIFFERENT WHERE REQUIRED BY STATE LAW. PRE-EXISTING CONDITIONS ARE NOT COVERED, AND 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
Deductible Options	\$500, \$1,000, \$2,000, \$2,500, \$5,000, \$7,500, \$10,000	\$500, \$1,000, \$2,000, \$2,500, \$5,000, \$7,500, \$10,000	\$500, \$1,000, \$2,000, \$2,500, \$5,000, \$7,500, \$10,000
Coinsurance Options	80/20	80/20	80/20
Coinsurance Limit	\$2,000, \$4,000	\$2,000, \$4,000	\$2,000, \$4,000
Coverage Period Maximum Options	\$250,000, \$500,000, \$1,000,000	\$250,000, \$500,000, \$1,000,000	\$250,000, \$500,000, \$1,000,000

Doctor Office Consultation

Copay - Physician Office / Urgent Care	\$25, maximum 2	\$15, unlimited	\$25, maximum 2
Copay - Specialist	\$40, maximum 2	\$25, unlimited	\$40, maximum 2
Copay - Wellness	\$50, maximum 1	\$50, maximum 1	\$50, maximum 1
Physician Office Visits and Urgent Care	After the copayment shown above, any additional service performed during a Physician Office or Urgent Care visit will be subject to Deductible and Coinsurance. Physician Office and Urgent Care visit are subject to a combined maximum benefit of \$2,000 per coverage period.	After the Copayment shown above, any other covered services or tests performed as part of the office visit will be subject to the Plan Deductible and Coinsurance.	After the Copayment shown above, any other covered services or tests performed as part of the office visit will be subject to the Plan Deductible and Coinsurance.
Urgent Care Additional Deductible	No Additional Deductible	\$100, maximum 1	No Additional Deductible

Unless specified otherwise, the following benefits are for Insured and each Covered Dependent subject to the plan Deductible, Coinsurance Percentage, Out-Of-Pocket Maximum and Policy Maximum chosen. Benefits are limited to the Usual, Reasonable and Customary for each Covered Expense, in addition to any specific limits stated in the policy.

Inpatient Hospital Covered Expenses

Average Standard Room Rate	Benefits, including nursing services and all miscellaneous medical charges are limited to \$1,500 per day.	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Hospital Intensive or Critical Care	Benefits, including nursing services and all miscellaneous medical charges are limited to \$2,000 per day.	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Doctor Visits	\$50 per day. Benefits for all Hospital visits during a Hospital stay are limited to \$500 per Covered Person per Coverage Period.	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance

Outpatient Expenses

Outpatient Hospital Surgery or Ambulatory Surgical Center	The benefit payable per day including all miscellaneous expense, is limited to \$1,500.	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Outpatient Miscellaneous Hospital Expenses	The benefit payable for miscellaneous Outpatient Hospital expenses, excluding Outpatient Surgery. Benefits are limited to \$1,500 per Covered Person per Coverage Period for all Eligible Expenses combined.	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Emergency Room Treatment	The benefit payable for each emergency room visit, including professional and facility services, will not exceed \$250 per visit.	Subject to the Emergency Room Additional Deductible shown below, then Deductible and Coinsurance. The Additional Deductible is waived if admitted within 24 hours of Emergency Room Treatment.	Subject to the Emergency Room Additional Deductible shown below, then Deductible and Coinsurance. The Additional Deductible is waived if admitted within 24 hours of Emergency Room Treatment.
Emergency Room Additional Deductible	No Additional Deductible	\$250, maximum 1	No Additional Deductible

Surgical Services

Surgeon	\$5,000 per surgery, for all Eligible Expenses combined, not to exceed \$10,000 per Covered Person per Coverage Period.	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Assistant Surgeon	\$1,000 per surgery, for all Eligible Expenses combined, not to exceed \$2,000 per Covered Person per Coverage Period.	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Administration of Anesthetics	\$1,000 per surgery, for all Eligible Expenses combined, not to exceed \$2,000 per Covered Person per Coverage Period.	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance

Benefits Continued

	Plan 1	Plan 2	Plan 3
Other Covered Expenses			
Organ, Tissue, Bone Marrow Transplants	Subject to Deductible and Coinsurance up to \$50,000 per Coverage Period for all Covered Expenses including Inpatient Hospital, Surgical and Outpatient Miscellaneous Medical Covered Expenses.	Subject to Deductible and Coinsurance up to \$100,000 per Coverage Period for all Covered Expenses including Inpatient Hospital, Surgical and Outpatient Miscellaneous Medical Covered Expenses.	Subject to Deductible and Coinsurance up to \$100,000 per Coverage Period for all Covered Expenses including Inpatient Hospital, Surgical and Outpatient Miscellaneous Medical Covered Expenses.
Extended Care Facility	Subject to Deductible and Coinsurance up to \$100 per day and 30 days per Coverage Period.	Subject to Deductible and Coinsurance up to \$100 per day and 30 days per Coverage Period.	Subject to Deductible and Coinsurance up to \$100 per day and 30 days per Coverage Period.
Hospice Care	Subject to Deductible and Coinsurance up to \$5,000 per Coverage Period.	Subject to Deductible and Coinsurance up to \$5,000 per Coverage Period.	Subject to Deductible and Coinsurance up to \$5,000 per Coverage Period.
Acquired Immune Deficiency Syndrome (AIDS)	Subject to Deductible and Coinsurance up to \$10,000 per Coverage Period for all Covered Expenses including Inpatient Hospital, Surgical and Outpatient Miscellaneous Medical Covered Expenses.	Subject to Deductible and Coinsurance up to \$10,000 per Coverage Period for all Covered Expenses including Inpatient Hospital, Surgical and Outpatient Miscellaneous Medical Covered Expenses.	Subject to Deductible and Coinsurance up to \$10,000 per Coverage Period for all Covered Expenses including Inpatient Hospital, Surgical and Outpatient Miscellaneous Medical Covered Expenses.
Joint/Tendon Surgery	Subject to Deductible and Coinsurance up to \$3,000 per Coverage Period for all Covered Expenses including Inpatient Hospital, Surgical and Outpatient Miscellaneous Medical Covered Expenses.	Subject to Deductible and Coinsurance up to \$3,000 per Coverage Period for all Covered Expenses including Inpatient Hospital, Surgical and Outpatient Miscellaneous Medical Covered Expenses.	Subject to Deductible and Coinsurance up to \$3,000 per Coverage Period for all Covered Expenses including Inpatient Hospital, Surgical and Outpatient Miscellaneous Medical Covered Expenses.
Knee Injury or Disorder	Subject to Deductible and Coinsurance up to before 3,000 per Coverage Period for all Covered Expenses including Inpatient Hospital, Surgical and Outpatient Miscellaneous Medical Covered Expenses for both left and right knees.	Subject to Deductible and Coinsurance up to before 3,000 per Coverage Period for all Covered Expenses including Inpatient Hospital, Surgical and Outpatient Miscellaneous Medical Covered Expenses for both left and right knees.	Subject to Deductible and Coinsurance up to before 3,000 per Coverage Period for all Covered Expenses including Inpatient Hospital, Surgical and Outpatient Miscellaneous Medical Covered Expenses for both left and right knees.
Gallbladder Surgery	Subject to Deductible and Coinsurance up to \$3,000 per Coverage Period for all Covered Expenses including Inpatient Hospital, Surgical and Outpatient Miscellaneous Medical Covered Expenses.	Subject to Deductible and Coinsurance up to \$3,000 per Coverage Period for all Covered Expenses including Inpatient Hospital, Surgical and Outpatient Miscellaneous Medical Covered Expenses.	Subject to Deductible and Coinsurance up to \$3,000 per Coverage Period for all Covered Expenses including Inpatient Hospital, Surgical and Outpatient Miscellaneous Medical Covered Expenses.
Appendectomy	Subject to Deductible and Coinsurance up to \$3,000 per Coverage Period for all Covered Expenses including Inpatient Hospital, Surgical and Outpatient Miscellaneous Medical Covered Expenses.	Subject to Deductible and Coinsurance up to \$3,000 per Coverage Period for all Covered Expenses including Inpatient Hospital, Surgical and Outpatient Miscellaneous Medical Covered Expenses.	Subject to Deductible and Coinsurance up to \$3,000 per Coverage Period for all Covered Expenses including Inpatient Hospital, Surgical and Outpatient Miscellaneous Medical Covered Expenses.
Kidney Stones	Subject to Deductible and Coinsurance up to \$3,000 per Coverage Period for all Covered Expenses including Inpatient Hospital, Surgical and Outpatient Miscellaneous Medical Covered Expenses.	Subject to Deductible and Coinsurance up to \$3,000 per Coverage Period for all Covered Expenses including Inpatient Hospital, Surgical and Outpatient Miscellaneous Medical Covered Expenses.	Subject to Deductible and Coinsurance up to \$3,000 per Coverage Period for all Covered Expenses including Inpatient Hospital, Surgical and Outpatient Miscellaneous Medical Covered Expenses.
Temporomandibular Joint Disorder (TMJ)	Subject to Deductible and Coinsurance up to \$3,000 per Coverage Period for all Covered Expenses including Inpatient Hospital, Surgical and Outpatient Miscellaneous Medical Covered Expenses.	Subject to Deductible and Coinsurance up to \$3,000 per Coverage Period for all Covered Expenses including Inpatient Hospital, Surgical and Outpatient Miscellaneous Medical Covered Expenses.	Subject to Deductible and Coinsurance up to \$3,000 per Coverage Period for all Covered Expenses including Inpatient Hospital, Surgical and Outpatient Miscellaneous Medical Covered Expenses.
Home Health Care	Subject to Deductible and Coinsurance up to \$30 per day and a maximum of 30 days per Coverage Period	Subject to Deductible and Coinsurance up to \$30 per day and a maximum of 30 days per Coverage Period	Subject to Deductible and Coinsurance up to \$30 per day and a maximum of 30 days per Coverage Period
Therapy Services - Physical Therapist, Speech Therapist and Occupational Therapist	Subject to Deductible and Coinsurance up to \$30 per day and a maximum of 15 days per Coverage Period	Subject to Deductible and Coinsurance up to \$30 per day and a maximum of 15 days per Coverage Period	Subject to Deductible and Coinsurance up to \$30 per day and a maximum of 15 days per Coverage Period
Ambulance, Ground or Air	Subject to Deductible and Coinsurance up to \$500 per trip - Ground up to \$1,000 per trip - Air Ambulance	Subject to Deductible and Coinsurance up to \$500 per trip - Ground up to \$1,000 per trip - Air Ambulance	Subject to Deductible and Coinsurance up to \$500 per trip - Ground up to \$1,000 per trip - Air Ambulance
Durable Medical Equipment and Medical Supplies	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Bone Density Testing	Subject to Deductible and Coinsurance up to \$150 per Coverage Period	Subject to Deductible and Coinsurance up to \$150 per Coverage Period	Subject to Deductible and Coinsurance up to \$150 per Coverage Period

Disclaimer: All benefits are limited to Usual and Customary Fees. Usual and Customary Fees definition may vary by state. Coverage is not limited to the benefits listed; any eligible expenses are subject to plan limitations. Please check the product certificate or master policy for complete details.

Limitations & Exclusions

Pre-existing condition:

1. For which medical advice, diagnosis, care, or treatment (includes receiving services and supplies, Consultations, diagnostic tests or prescription medicines) was recommended or received from a Physician within the 36 months immediately preceding the Covered Person's Effective Date; or
2. That had manifested itself in such a manner that would have caused an ordinarily prudent person to seek medical advice, diagnosis, care, or treatment (includes receiving services and supplies, Consultations, diagnostic tests or prescription medicines) within the 36 months immediately preceding such person's Effective Date.

1. Treatment, services and supplies which are not related to a specific diagnosis, acute symptoms or course of treatment; medical care or surgery which is not Medically Necessary; and any maintenance type therapy not reasonably expected to improve a Covered Person's condition.
2. Pre-employment or pre-marital examinations; or routine physical examinations.
3. Treatment, services and supplies for Experimental or Investigational procedures, including Experimental or Investigational organ transplant procedures, drugs or treatment methods.
4. Treatment, services and supplies for which the Covered Person is not legally required to pay.
5. Telephone consultations, failure to keep scheduled appointments, completion of claim forms, or providing medical information necessary to determine coverage.
6. Treatment, services and supplies provided by a Close Relative.
7. Treatment, services and supplies provided outside the scope of the license for the institution or practitioner rendering services.
8. Education, training, or bed and board while confined to an institution which is primarily a school or other institution for training, a place of rest or a place for the aged, or a personal residence.
9. Treatment, services or supplies received prior to the Covered Person's Effective Date, or after the end of the Coverage Period.
10. Inpatient Hospital admission occurring on a Friday or Saturday in conjunction with a surgical procedure scheduled to be performed during the following week. A Sunday admission will be eligible only for the procedure scheduled to be performed early Monday morning. (This limitation will not apply to necessary medical admissions requiring immediate attention or to Emergency surgical admissions).
11. Amounts in excess of the Usual, Reasonable and Customary charges made for Covered Expenses.
12. Surgery for a Covered Person for a total or partial hysterectomy, unless it is Medically Necessary due to a diagnosis of carcinoma (subject to all other coverage provisions, including but not limited to the Pre-Existing Condition exclusion); tonsillectomy, adenoidectomy, repair of deviated nasal septum or any type of surgery involving the sinus, myringotomy, tympanotomy, or herniorrhaphy.
13. Outpatient Prescription Drugs, contraceptive drugs and devices, non-prescription drugs, vitamins, minerals and nutritional supplements.
14. Cosmetic Surgery.
15. Infertility and impregnation procedures, such as but not limited to, artificial insemination, in-vitro fertilization, embryo and fetal implantation and G.I.F.T. (gamete intrafallopian transfer).
16. Pregnancy and related services; except for Complications of Pregnancy.
17. Voluntary termination of pregnancy.
18. Voluntary sterilization or reversal thereof.
19. Custodial Care.
20. Dental services.
21. Routine foot care.
22. Speech Therapy.
23. Mental or Nervous Disorders.
24. Substance Use Disorders.
25. Treatment, services, or supplies for obesity, extreme obesity, morbid obesity or weight reduction, including, but not limited to, wiring of the teeth and all forms of surgery including, but not limited to, bariatric surgery, intestinal bypass surgery and complications resulting from any such surgery.
26. Programs, treatment or procedures for tobacco use cessation.
27. Treatment of acne or varicose veins.
28. Diagnosis or treatment of a sleeping disorder.
29. Allergy testing and allergy injections.
30. Diabetic Equipment, Supplies and Self-Management training.
31. Autism Spectrum Disorder.
32. Therapy or treatment for learning disorders or disabilities or developmental delays.
33. Participation in Clinical Trials.
34. Prosthetic and Orthotic Devices; except as specifically covered in Section 4 - Benefits.
35. Homeopathy.
36. Orthopedic Manipulation.
37. Private duty nursing services.
38. Acupuncture and Acupressure.
39. Genetic testing or counseling including, but not limited to, amniocentesis and chorionic villi testing.

Limitations & Exclusions Continued

40. Sex transformation; treatment of sexual function, dysfunction or inadequacy; or treatment to enhance sexual performance or desire.
41. Treatment to stimulate growth and growth hormones for any purpose.
42. Eye examinations, eyeglasses, or contact lenses to correct refractive errors and related services including surgery performed to eliminate the need for eyeglasses, for refractive errors such as radial keratotomy or keratoplasty.
43. Hearing exams, hearing aids, or the fitting of hearing aids.
44. Treatment for cataracts.
45. Orthoptics and visual eye training.
46. Treatment, services and supplies for a Covered Dependent who is a newborn child not yet discharged from the Hospital. This does not apply to charges that are Medically Necessary to treat premature birth, congenital Injury or Illness, or Illness or Injury sustained during or after birth.
47. Personal comfort or convenience items, including home-maker services or supportive services focusing on activities of daily life that do not require the skills of qualified technical or professional personnel, including but not limited to bathing, dressing, feeding, routine skin care, bladder care and administration of oral medications or eye drops.
48. The purchase of a noninvasive osteogenesis stimulator (bone stimulator).
49. Services or supplies of a common household use, such as exercise cycles, air or water purifiers, air conditioners, allergenic mattresses, and blood pressure kits.
50. Enrollment in health, athletic or similar clubs.
51. Weight loss, non-smoking, exercise or similar programs.
52. Recreational or educational therapy, or non-medical self-care or self-help training, nutritional counseling, marriage, family or goal oriented counseling.
53. Travel or transportation rendered by any person or entity other than professional ground or Air Ambulance.
54. Care in government institutions unless a Covered Person is obligated to pay for such care.
55. Treatment, services and supplies rendered to a Covered Person while on active duty in the armed forces. Upon written notice to Us of entry into such active duty, the unused premium will be returned to You on a pro rate basis.
56. Treatment, services and supplies received outside of the United States or its possessions except as specifically covered in Section 4 - Benefits.
57. Treatment, services and supplies for an Injury caused by an accident that arises out of or in the course of employment or for which the Covered Person is entitled to benefits under any Worker's Compensation Law, Occupational Disease Law or similar legislation.
58. Illness or Injury that results from war or an act of war, (whether declared or undeclared) while serving in the military or an auxiliary unit attached to the military.
59. Illness or Injury that results from participation in a riot or insurrection.
60. Illness or Injury that results from commission or attempted commission of a felony or to which a contributing cause was the Covered Person being engaged in an illegal occupation.
61. Complications resulting from treatment of conditions which are not covered under the Policy.
62. Suicide or attempted suicide or intentionally self-inflicted Injury, whether while sane or insane.
63. Injuries from participating in organized competitive sports.
64. Treatment, services and supplies resulting from participation in skydiving, scuba diving, hand or ultra light gliding, ballooning, bungee jumping, parakiting, riding an all-terrain vehicle such as a dirt bike, snowmobile or go-cart, racing with a motorcycle, motor vehicle, boat or any form of aircraft, any participation in sports for pay or profit, or participation in rodeo contests.
65. Treatment or services required due to Accidental Injury sustained while operating a motor vehicle where the Covered Person's blood alcohol level, as defined by law, exceeds that level permitted by law or otherwise violates legal standards for a person operating a motor vehicle in the state where the Injury occurred.

Network



PHCS Network (Private Healthcare Systems)

Persons insured under this plan may choose to be treated within, or out of, the PHCS network. This membership entitles your clients access to doctors and hospital facilities who have contracted to provide specific medical care at negotiated prices.

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

Facility Charges

Plan pays up to 150% of Medicare allowable charge.

Disclaimer: American Financial Security Life Insurance Company is not affiliated with MultiPlan PHCS Network. The amount of reduction varies by state and type of medical services received.

NCE Membership Benefits



NCE Association

The NCE Association is a great way for you and your family to save money on out-of-pocket medical expenses. Your savings start from the first dollar, with no limits. Our cost savings program gives members access to pre-negotiated, lowered rates. There are no:

- Deductibles
- Pre-existing conditions limitations
- Medical exams
- Claims forms
- Limitation on usage
- Age restrictions

Prescription Discount Benefits

Save an average of 55% on generic drugs and 15% on brand name drugs at over 80% of pharmacies in the country.

- All FDA approved drugs are discounted with the card.
- Even lifestyle drugs can be obtained at greatly reduced rates.
- The pharmacy network is national in scope.
- Cards can be used for all family members. There are no limit on the number of prescriptions filled.
- No forms to fill out. You do not have to activate the card.

Vitamins and Supplements

Members can save up to 75% off retail pricing on a huge selection of natural products including vitamins, supplements, and more.

Brand-Name Mail Order

Save up to 80% on your brand-name medications through our international mail order program. Ordering your discount brand-name medications is convenient, easy, and secure.

Pet Rx

About 50% of the medications prescribed by your vet are actually the same medications prescribed to people, only in different dosages. You can fill these prescriptions at your neighborhood pharmacy. We have even made arrangements with a US FDA-approved specialty, mail-order pharmacy to fill those special medications and compounds not available at your local pharmacy.

Nutrition and Weight Loss Counseling

SDO Nutrition helps you achieve personal health goals, maintain a healthy lifestyle, and manage chronic health conditions through food and diet education.

Imaging Savings Program

Our network providers can save members an average of 60%

off of the usual cost for advanced radiology testing, such as Magnetic Resonance Imaging (MRI) and Computerized Tomography (CT) scans.

Speech Therapy

Video-conferencing technology is used to provide live, one-on-one, highly individualized and interactive speech therapy services worldwide.

Glasses Discount

We believe self-expression begins with your face. We work hard to help you find frames that fit your life. Whether you're looking for a designer pair, the latest Ray-Bans or even a trending cat-eye, we've got it!

Hearing Savings Program

Receive customized care and, if needed, purchase brand-name hearing aids at substantial savings. Save 20% to 50% off Manufacturer's Suggested Retail Pricing

Travel Discounts

Save up to 15% on your next hotel stay. Choose your date, book and save! Save up to 30% on Tours, Cruises, Airlines, and Car Rentals.

Vehicle Discounts

Get up to 25% off car rentals at Hertz, Budget, and Avis. Save \$5.00 on Jiffy Lube's Signature Service oil change at any participating location.

Flowers

Members can save 20% on their next flower order.

Spa Discounts

Spafinder Wellness 365 offers inspiration, knowledge and ideas that make keeping well easier and more accessible to you, each and every day.

Movie Tickets

Save up to 40% on movie tickets nationwide at Loews, United Artist, AMC and others.

Restaurant.com

Restaurant.com offers a national directory of more than 15,000 restaurants and a number of exclusive online merchants.

Medical Supplies & Equipment

Save from 20%-50% off your medical supply needs.

Disclaimer: Not affiliated with American Financial Security Life Insurance Company. Availability may vary by state.

The membership benefits are not insurance and do not provide coverage they only provide discounts and services.

Non-Insurance Benefits



Members can use this card to save an average of 46% for their whole family, including pets, at more than 60,000 pharmacies nationwide.



Karis360's team of expert Patient Advisors work with members to assist in navigating the confusing and expensive world of healthcare, taking the hassle out of healthcare and saving them valuable time and money.

Disclaimer: The Providers listed are not affiliated with American Financial Security Life Insurance Company. The discounts and services are not insurance and do not provide coverage. They only provide discounts and services.