



## GUARANTEED ISSUE HEALTH INSURANCE *presented by* AIM



### *A Defined Benefit Health Insurance Plan for AIM Members*

*Not a Major Medical Health Plan*

#### **Affordable Coverage for Individuals, Families & Small Groups**

##### **INSURED BENEFITS INCLUDE:**

- Any Doctor or Choose a Network
- High Hospital & Surgical Benefit
- Optional ICU Benefit
- Daily Hospital Benefit up to 100 Days Annually
- Surgeons Charges up to \$12,000 per Surgery
- Doctor Visits
- Anesthesia Benefit: up to \$2,400 per Surgery
- Up to \$150 for Lab & X-ray
- Up to \$150 for Preventative Care
- \$5,000 Accident Policy
- Life Insurance Included

# AIM Benefit Summary

*A Defined Benefit Health Insurance Plan  
not a Major Medical Health Plan*



## PLAN BENEFITS

- Doctor Visits
- Daily Hospital Confinement
- Surgical Benefits (same benefit inpatient & outpatient)
- Diagnostic, X-Ray & Lab Benefit (DXL)
- Wellness Care
- Accident Benefit
- Life Insurance
- Psychiatric Benefit
- Substance Abuse Benefit
- PPO Network Repricing for Hospital, Doctor and Outpatient Services.  
<http://www.multiplan.com>
- Prescription Discount Card

## PLAN HIGHLIGHTS

- Guaranteed Issue to Individuals & Small Groups
- Guaranteed Renewable
- Portable
- Assignable Benefits
- Stable Rates
- First Dollar Coverage (No Co-pays)
- 50 State Availability
- HIPAA Compliant
- Fully insured by A- Best rated carrier
- Three Plans: Silver, Gold & Diamond

## INPATIENT MEDICAL EXPENSE BENEFITS

### Daily Hospital Benefit\*

Hospital benefit of \$1,000.00 per day for up to 100 days per covered person, per calendar year. Unlimited re-admission.

### ICU/CCU Hospital Benefit\*

Plan will pay an additional \$1,000.00 per day (max of 5 days) annually.

### Surgical Benefit\*

Plan provides scheduled benefits for surgery per incident (maximum for any one surgery is \$12,000.00). Benefits are paid on inpatient or outpatient basis – see surgical schedule for benefit amounts.

### Anesthesia Benefit\*

Plan provides a 20% benefit (This benefit is calculated by multiplying the surgeon's benefit times 20%)

## OUTPATIENT MEDICAL EXPENSE BENEFITS

### Office Visit\*

\$75 paid per visit for up to 5 visits per calendar year per covered person.

### Surgical & Anesthesia Benefit\*

Same as inpatient coverage

### Wellness Benefit\*

\$150 paid per covered person per year for wellness visits

### Psychiatric Care / Substance Abuse\*

Up to 3 visits per person per calendar year for office visits for psychiatric care with a network doctor.

### Prescription Discount\*

See A.I.M. Member RX

### Diagnostic Tests, X-Rays & Lab Testing\*

\$150 paid for up to 3 visits per person per calendar year for diagnostic tests, x-rays and lab testing. Benefits paid on inpatient or outpatient basis.

## OTHER BENEFITS

### Accident Benefit

Up to \$5,000 paid per accident, subject to \$100.00 deductible and 80% coinsurance per accident. One accident per covered person per year.

## OTHER BENEFITS *(continued)*

### Life Insurance

\$5,000 life insurance coverage on the primary insured. \$2,500 on a covered spouse and \$1,250 per covered child.

### PPO Network Discounts

The plan offers **Multiplan** PPO network repricing when network providers are used. **Multiplan** offers one of the largest seamless national networks. Over 400,000 providers in 50 states. Visit <http://www.multiplan.com> to locate a provider.

*\*Benefit amounts are based on the Diamond Plan.*

This policy has a pre-existing conditions limitation. Pre-existing conditions are not covered until the policy has been in effect for more than 12 months. A pre-existing condition is any condition you have now or had within a 12 month period prior to the effective date of coverage for each covered person.

The A.I.M. Health Solutions Plan is HIPAA compliant. Persons who leave the plan will receive a HIPAA Certificate of Credible Coverage. Those who enter the plan presenting a Certificate of Credible Coverage will receive credit toward this plan's pre-existing conditions limitation.



# AIM Health Solutions

## A Defined Benefit Health Insurance Plan

Surgical benefit examples: The following shows surgical payment examples for some surgical procedures.

PROCEDURE	CPT CODE	PAYMENT AMOUNT		
		Silver	Gold	Diamond
Appendectomy	44960	\$2,148	\$3,222	\$4,296
Artery Bypass Graft	35651	\$5,008	\$7,512	\$10,016
Breast Reconstruction	19368	\$6,000	\$9,000	\$12,000
Carpal Tunnel Surgery	64721	\$858	\$1,287	\$1,716
Colonoscopy	45379	\$944	\$1,416	\$1,888
Elbow Arthroscopy/Surgery	29838	\$1,542	\$2,163	\$3,084
Fragmenting Kidney Stone	50590	\$1,818	\$2,727	\$3,636
Hysterectomy	58267	\$3,000	\$4,500	\$6,000
Knee Arthroscopy	29889	\$3,026	\$4,539	\$6,052
Neck/Spine Disk Surgery	63075	\$3,882	\$5,823	\$7,764
Removal of Brain Lesion	61520	\$6,000	\$9,000	\$12,000
Repair Heart Septum Defects	33647	\$5,746	\$8,619	\$11,492
Repair Achilles Tendon	27654	\$2,004	\$3,006	\$4,008
Liver Transplant	47135	\$6,000	\$9,000	\$12,000
Cesarean Delivery	59510	\$5,244	\$7,866	\$10,488
Difficult Delivery	59400	\$4,612	\$6,918	\$9,224
Normal Delivery	59410	\$2,956	\$4,434	\$5,912

*Anesthesia Benefit is 20% of Surgeons Benefit*

PLAN BENEFITS	SILVER	GOLD	DIAMOND
<b>Physician Office Visit Benefit:</b> The carrier will pay the benefit amount as shown if you seek treatment for a covered illness or injury.	\$50 per office visit up to 5 per year/ 5 per each person in family.	\$75 per office visit up to 5 per year/ 5 per each person in family.	\$75 per office visit up to 5 per year/ 5 per each person in family.
<b>Preventative Care Benefit:</b> The carrier will pay the benefit amount shown.	\$100 visit, one per year.	\$100 visit, one per year.	\$150 visit, one per year.
<b>Hospitalization Admission &amp; Confinement Benefit:</b> The carrier will pay up to the benefit amount shown if you are admitted to a hospital as a patient because of a covered sickness or injury. You are allowed unlimited hospital stays per year, however, you will be limited to 100 total days per year including first day hospital stays.	\$750 1st day, \$750 per day thereafter. Maximum 100 Days.	\$1,000 1st day, \$1,000 per day thereafter. Maximum 100 Days.	\$1,000 1st day, \$1,000 per day thereafter. Maximum 100 Days. <i>Plan Pays Extra \$1,000 per day (5 day Maximum) for ICU or CCU.</i>
<b>Diagnostic Testing &amp; Lab Benefit:</b> The carrier will pay up to the benefit amount for all diagnostic testing (x-rays) and laboratory fees at the reimbursement rate shown. This benefit pays up to a limit of 3 per year.	\$50 per visit, 3 per year.	\$100 per visit, 3 per year.	\$150 per visit, 3 per year.
<b>Surgical Benefit (Inpatient or Outpatient):</b> The carrier will pay up to the benefit amount for required surgery because of a covered procedure. Reimbursements are based on the 2000 National Physicians RVU Fee Schedule.	50% of Medicare Reimbursement NO Anesthesia Benefit.	80% Of Medicare Reimbursement Anesthesia Benefit: 20% of Surgeons Benefit.	100% of Medicare Reimbursement Anesthesia Benefit: 20% of Surgeons Benefit.
<b>Accident Rider:</b> The carrier will pay up to the benefit amount as shown per covered accident. There is only one accident allowed per covered person per year. This benefit pays a portion of the medical costs resulting from injury. The costs must be incurred within 90 days of the injury.	\$2,500 per accident / \$100 deductible / 80% coinsurance.	\$5,000 per accident / \$100 deductible / 80% coinsurance.	\$5,000 per accident / \$100 deductible / 80% coinsurance.
<b>Substance Abuse and Mental Illness Benefit:</b> The carrier will pay for 24-hour availability with face-to-face visits with a counselor for both substance abuse and mental illness. If a referral to a facility is warranted by a counselor, that person will be referred to a facility contracted at a repriced rate.	3 visits annually. All plans.		
<b>Term Life Insurance:</b> This benefit pays a stated amount if an insured dies. The spouse death benefit is 50% of that for the primary insured; child death benefit is 25% of the primary insured.	\$5,000 per insured, \$2,500 per insured spouse, \$1,250 per insured child. All plans.		

*This is a Limited Benefit Plan and may not cover all medical expenses for an illness or injury once the maximum plan payment limits per covered person, per calendar year are reached.*

# Additional AIM Membership Benefits

## *A Defined Benefit Health Insurance Plan*

### **Complementary and Alternative Medicine**

[www.thcnetwork.com](http://www.thcnetwork.com)

- Acupressure — Savings of 20-30%.
- Oriental Medicine
- Physical Therapy
- Oriental Bodywork
- Acupuncture
- Naturopathic Medicine
- Chiropractic network consists of thousands of chiropractors at 20-30% discounts.

### **Dental Discount Plan**

[www.dentallookup.com](http://www.dentallookup.com)

Members will save 10-50% on dental services, such as cleaning, x-rays and fillings as well as crowns, root canals, dentures, oral surgery, orthodontics, periodontics and cosmetic dentistry where available.

### **Vision Discount Plan**

[www.E-NVA.com](http://www.E-NVA.com)

NVA is a vision benefits company dedicated to providing innovative and cost-effective vision benefits to over four million people throughout the United States. They are in their 23rd year of operation and retain over 99% of their clients. The Opti-Vision network has over 14,500 qualified eye care providers in all 50 states and Puerto Rico. Members will experience savings of 25% to 50% on routine vision analysis, clear lenses, frames, lasik surgery, contact lenses and lenticular lenses.

### **Prescription Discount Plan**

[www.aimpoc.com](http://www.aimpoc.com)

#### **Walk-In**

The Prescription Drug Program links nearly all of the largest retail chains into a common and consistent savings program. Through our agreement with the nation's premier prescription drug management organization, over 38,000 pharmacy locations welcome our Membership Card. This program can provide significant savings of 10-50% for many of your brand and generic prescriptions. You and your entire family are covered.

#### **Over-The-Counter Savings Program**

- The Program has pioneered an Over-The-Counter Savings system that provides members with a way to purchase non-prescription medications at a substantial savings.
- Convenience of purchasing online 24/7!
- FREE and direct delivery within 24 hours, straight to your door.
- A fully licensed pharmacy that provides discounts, quality products and medications. The pharmacy delivers OTC medications to members with their assurance of quality and authenticity.

### **Prescription Mail Order (U.S.)**

- Our savings program offers some of the lowest prices in the country!
- We can deliver a level of patient safety unmatched by any other mail order pharmacy.
- Our mail order savings program provides the option of obtaining a 30, 60 or 90-day supply of medication.
- Safe and reliable delivery of medication at no extra cost.
- Toll free number available to speak with a pharmacist about your order.

### **Diabetic Supplies - up to 30% Discount**

Discount diabetes testing supplies & educational material. The best glucose meters on the market. Meter training by our caring, friendly client service staff. Lancets & lancing devices. Diabetic medications and diabetes education & support. Convenient home delivery of supplies. Knowledgeable team with a registered dietician on staff.

### **Durable Medical Equipment**

- Savings between 20%-40% off retail.
- Added convenience of shopping directly from your home
- Free home delivery of medical equipment.
- Low-cost and hassle-free online shopping.
- Toll free telephone support provided by our caring staff.

### **Hearing Program**

- Savings up to 60% on hearing aid batteries, repairs and hearing care accessories
- The lowest prices on all major brands of hearing aids such as Widex, Siemens, Sonic Innovations, Oticon, Starkey, Phonak, GNResound and many more!
- A network of over 1,500 hearing care professionals across America to provide our members with all of the necessary services to ensure complete satisfaction with their hearing aids.
- 45-day trial period to evaluate the new hearing aid(s)! 40 free hearing aid batteries and one year of free cleanings after the trial period.

### **MedTestForLess:**

The premier pre-paid (pay when ordering) medical testing program in America. Diagnostic, x-ray and lab tests cost much less due to providers receiving immediate payment. No age limits, no waiting periods, no limits on frequency of use, no deductibles, no coinsurance or co-pays and no applications or underwriting because it's not insurance. Savings up to 70% off retail or usual and customary pricing. Go to [www.medtestforless.com](http://www.medtestforless.com) or call the toll free number 1-866-763-3837.

### **Care Giving Assistance**

Included in the options are assistance programs, information and referral services, access to discounted nationwide Long Term Care (LTC) provider networks, professional services, a nurse navigator program, wellness assessments, emergency travel assistance, support services.

### **Shop4Zero**

Actual cash back, online shopping mall currently with over 800 stores and growing. Free registration at <http://free4u.shop4zero.net>. Shoppers can use the mall day or night (no time or gas needed) and receive the lowest prices on or off the Internet. Shoppers also receive actual cash back for shopping and referring others, free shipping and other great perks.

### **Tribute Direct**

The country's first national funeral planning and assistance package. The largest direct to the consumer wholesaler of funeral products and services stands ready to assist you at your time of need. Membership includes online or telephonic funeral planning, funeral/cremation information and referral services. Savings of 40-70% on caskets, markers, and funeral merchandise, 24x7 web support [www.tributedirect.com](http://www.tributedirect.com) from hospice trained grief counselors. Completely transportable. Use it at any funeral home or cemetery in the US (cannot be denied by local Funeral Home by Federal Law established in 1984).

### **Mortgage Assistance Program**

[www.mortgageplans.com](http://www.mortgageplans.com)

A benefit that allows members to purchase, sell or finance homes through a group plan that offers cash rebates and cash credits on transactions, discounted fees, choice of loan agents and realtors, loan products, from over 100 lenders, a help center, consumer protection and one stop convenience.

### **Vacation & Travel Discount Program**

Travel discounts up to 30% throughout the U.S. on car rentals from Avis, Budget, and Budget Trucks; Hotels from Amerihost, Knights Inn, Travelodge, Villager, Days Inn, Howard Johnson, Ramada, Super 8 Motels and Wingate Hotels.

.....  
*This product is administered for AIM by*  
**Insurance Resource Group**

20 Madison Avenue  
Valhalla, New York 10595





# AIM Health Solutions

## Enrollment Application Kit

*Please review the checklist below before you send your Enrollment Application.*

- Applicant must complete **Section I** (Enrollment Form).
- Applicant must complete **Section II** (Billing Form).
- Paying via check: Make check payable to **Insurance Resource Group**.
- Paying via EFT: Include copy of a voided check with Enrollment Application.
- Monthly invoices are subject to a **\$10.00** Billing Fee.
- No charge** for monthly Electronic Fund Transfers (EFT).
- Must pay first month's (premium, administration fee, association dues & one time fee).
- Application must be received by the **15th** of prior month to be approved for the 1st of the following month.
- Paying via check:** Mail completed Enrollment Application to:  
**Insurance Resource Group**  
**2900 North Swan Road #102**  
**Tucson, AZ 85712**
- Paying via EFT:** Fax completed Enrollment Application to:  
**1-520-760-0793**  
**Attn: IRG Enrollment Department**

If you need assistance filling out the Enrollment Application, please contact your agent or broker.

**Agent/Broker:**

**Telephone:**

***A Defined Benefit Health Insurance Plan for AIM Members***

*Not a Major Medical Health Plan*

*This product is administered for AIM by*

**Insurance Resource Group**

20 Madison Avenue  
Valhalla, New York 10595



# ENROLLMENT APPLICATION

**OFFICE USE ONLY:**

To be completed by Contract Group (AIM)

Name of Group:		Group Number:		
Effective Date:	Date Submitted:	Approved By:	Processed By:	Date Processed:

**SECTION I — Enrollment Form - FORM MUST BE FILLED OUT IN BLACK BALLPOINT INK - PLEASE PRINT CLEARLY**

**APPLICATION TYPE**  
(Check Appropriate Box)

OPEN ENROLLMENT     ENROLLMENT CHANGE     TERMINATION

**LEVEL OF COVERAGE**  
(Check Appropriate Box)

SUBSCRIBER     SUBSCRIBER PLUS ONE     SUBSCRIBER PLUS TWO OR MORE

**SELECT MEDICAL PLAN**  
(Check Appropriate Box)

PLAN I (Silver)     PLAN II (Gold)     Plan III (Diamond)

**PROVIDER NETWORK**  
(Check Appropriate Box)

MULTIPLAN PPO

		REQUESTED EFFECTIVE DATE FIRST DAY of (MM/YYYY)	
APPLICANT NAME (Last, First, Middle Initial)	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	BIRTHDATE (mm/dd/yyyy)	SOCIAL SECURITY NUMBER
STREET ADDRESS	CITY	STATE	ZIP CODE
BILLING ADDRESS / CONTACT / COMPANY (If different than above)			EMAIL ADDRESS
HOME TELEPHONE	WORK TELEPHONE	MARITAL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	DATE of EVENT (If Applicable)
TERM LIFE BENEFICIARY	RELATIONSHIP to APPLICANT		
EMERGENCY CONTACT (Name)	RELATION	CONTACT NUMBER	ALTERNATE CONTACT NUMBER

Note: If you are applying for coverage for your spouse and/or children, please list each one below - see Election of Coverage for eligibility. Please indicate additional dependents on a duplicate sheet.

LAST NAME	FIRST NAME	RELATIONSHIP	GENDER	SOCIAL SECURITY NUMBER	BIRTHDATE (mm/dd/yyyy)	Check if over 19 & disabled?	TERM LIFE BENEFICIARY
SPOUSE		<input type="checkbox"/> WIFE <input type="checkbox"/> HUSBAND	<input type="checkbox"/> Male <input type="checkbox"/> Female				
DEPENDENT		<input type="checkbox"/> SON <input type="checkbox"/> DAUGHTER	<input type="checkbox"/> Male <input type="checkbox"/> Female				
DEPENDENT		<input type="checkbox"/> SON <input type="checkbox"/> DAUGHTER	<input type="checkbox"/> Male <input type="checkbox"/> Female				
DEPENDENT		<input type="checkbox"/> SON <input type="checkbox"/> DAUGHTER	<input type="checkbox"/> Male <input type="checkbox"/> Female				
DEPENDENT		<input type="checkbox"/> SON <input type="checkbox"/> DAUGHTER	<input type="checkbox"/> Male <input type="checkbox"/> Female				

Are you covered by any other health insurance plan?  YES  NO (If yes indicate below)      Is your spouse covered by any other health insurance plan?  YES  NO (If yes indicate below)

INSURANCE COMPANY NAME	POLICY NUMBER	INSURANCE COMPANY NAME	POLICY NUMBER
ADDRESS	EFFECTIVE DATE	ADDRESS	EFFECTIVE DATE

**ELECTION OF COVERAGE AND AUTHORIZATION\***

The applicant in consideration of membership in the Association and participation in the plan hereby acknowledges that the Association, its third party administrator, their agents, owners, successors and assigns assumes no liabilities or obligations other than those specifically identified. I hereby agree to indemnify them from and against any and all claims, damages, losses, costs or expenses (including, without limitation, attorneys fees and disbursements) for any claims that may arise by the participation of the plan or membership in the association. I understand that pre-existing conditions will not be covered during the first 12 months of the contract unless I present evidence of prior creditable coverage. All information provided above is true and complete to the best of my knowledge. Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, shall be subject to civil penalty not to exceed five thousand dollars and the stated value of the claim for each violation. **Disclaimer IMPORTANT!** Our medical plan is a low-cost alternative, providing medical insurance at fixed amounts, and these **limited benefits** are paired with medical discounts to designated providers. My signature below indicates that the limitations of the plan have been disclosed & explained to me and that I understand and accept said plan designs. My signature below also indicates I would like to enroll in the limited medical health plan I selected above. All applicants must sign below. Any false statement will be cause for immediate cancellation of coverage. **It will take one week after your effective date for your cards and provider books to arrive.**

APPLICANT SIGNATURE (REQUIRED) <b>X</b>	DATE
--	------

**ACCEPTANCE AND AGREEMENT NOTICE:** Submission of Employer Application does not initiate coverage. Coverage is subject to approval prior to initiation. Enrollees will be issued individual policies and/or certificates of insurance. Minimum participation may be required. In the event that participation is not met, coverage will not take effect. Your coverage will begin on the first day of the month following receipt of the Enrollment Form. This is a limited benefit policy and is not a substitute for a major medical plan.

APPLICANT SIGNATURE (REQUIRED) <b>X</b>	PRINT NAME	DATE
--	------------	------

SECTION II — Billing Form				
Rep Name:	Rep Signature	Date	Telephone	Rep Code:

## AIM Health Solutions Enrollment Worksheet

Effective through 1/31/2007 *(Includes PPO Network Charge)*

SELECT MONTHLY PREMIUM <small>(Check Appropriate Box )</small>	PLAN I (Silver)	PLAN II (Gold)	PLAN III (Diamond)
SUBSCRIBER	<input type="checkbox"/> \$145.00	<input type="checkbox"/> \$188.00	<input type="checkbox"/> \$218.00
SUBSCRIBER + 1	<input type="checkbox"/> \$234.00	<input type="checkbox"/> \$317.00	<input type="checkbox"/> \$373.00
SUBSCRIBER + 2 or more	<input type="checkbox"/> \$323.00	<input type="checkbox"/> \$446.00	<input type="checkbox"/> \$529.00

- Step 1. Enter Premium Selected Above: \$ \_\_\_\_\_
- Step 2. **Monthly Administration Fee & Association Dues:** \$30.00
- Step 3. **One Time Enrollment Fee:** \$85.00
- Step 4. Total Contribution at Enrollment — **Add Steps 1-3:** \$ \_\_\_\_\_

**PAYMENT OPTIONS** (Check Appropriate Box Below)

**ELECTRONIC FUNDS TRANSFER (Fill out EFT Authorization Form below)**

**INITIAL PAYMENT:** Please EFT my bank account for first month's premium, administration fee, association dues and one time enrollment fee. This will occur between the 15th & 20th of the month prior to the effective date (**voided check is required & must be legible**).

**MONTHLY PAYMENT:** Please EFT my bank account for the monthly premium, administration fee and association dues. This will occur between the 15th & 20th of the month prior to the next months coverage. (**no monthly charge for EFT**).

**CHECK OR MONEY ORDER (Make payable to Insurance Resource Group)**

**INITIAL PAYMENT:** I am paying my first month's premium, administration fee, association dues and one time enrollment fee **via check/money order**. I am sending my check or money order with my completed Enrollment Form. **There is a \$30 insufficient funds fee.**

**MONTHLY PAYMENT:** I would like to receive a montly invoice to pay my monthly premium, administration fee and association dues. I understand an **additional monthly billing fee of \$10** will be charged to me to receive a monthly invoice.

APPLICANT SIGNATURE (REQUIRED) <b>X</b>	PRINT NAME	DATE
ACCOUNT HOLDER SIGNATURE (REQUIRED if paying via EFT) <b>X</b>	PRINT NAME	DATE

EFT AUTHORIZATION FORM		
BANK NAME	BANK ROUTING NUMBER	BANK ACCOUNT NUMBER

Voided check is required and must be legible. No monthly charge for EFT.

PLEASE ATTACH A CHECK MARKED

**VOID**

TO ENSURE ACCURACY

I understand this authority is to remain in full force and effect until the company has received written notification from me of its termination in such time and such manner as to afford the company and depositor a reasonable opportunity to act on it. I have the right to stop payment of a debit entry (deduction) by notification to IRG three business days or more before this payment is scheduled to be made. Please be aware that your bank statement will reflect the debit as I.R.G-HEALTH.

ACCOUNT HOLDER SIGNATURE (REQUIRED) <b>X</b>	PRINT NAME	DATE
---	------------	------

# AIM Health Solutions

*A Defined Benefit Health Insurance Plan*

**Not a Major Medical Health Plan**

This product is administered for AIM by  
**Insurance Resource Group**



20 Madison Avenue  
Valhalla, New York 10595