

t | r | u | e **freedom**TM

AMERICAN SENIOR SERVICES INCORPORATED

P R E M I E R P L A N S



HOME CARE SERVICES/CUSTOM CARE ASSISTANCE

24 Hours A Day / 7 Days A Week

www.truefreedomhomecare.com

Your Home Care Service

Custom Assistance Solutions

AN EVOLUTION IN SENIOR HOME CARE

According to Health and Human Services, 70% of Americans will need some type of home care in their lifetime. That is nearly three out of four of us.

Many American seniors are under the impression that traditional health care programs will provide the desired services in the home such as meal preparation, assistance with hygiene, dressing & grooming, etc. Medicare, Medigap and most Medicare Advantage Plans are designed to cover hospital stays, doctor bills and some short term skilled nursing. Unfortunately, they may not cover the cost of everyday assistance in your own home.

While your loved ones will have the best intentions to be there for you when a crisis arises, many are not prepared and quickly become overwhelmed by the amount of work involved in care giving. Traditional home health care insurance is an option for such services, however it is limited to only the extremely healthy, creating challenges for many.

True Freedom Plans are a viable alternative to traditional home health care insurance. Our plans support seniors with their regular activities while providing them with independence and privacy in the comfort of their own home.



All True Freedom Home Care Plans Feature:

- Field Issue Contract
- No Underwriting
- No Claim Forms
- No Deductible
- No Co-pays
- No Age Limits

Our plans can provide care
24 Hours a Day / 7 Days a Week
in the comfort of your home.

True Freedom Premier Plans are Service Contracts, NOT Insurance.

True Freedom Premier Plans

Memberships To Provide A Home Care Solution For Seniors

▶ **PLATINUM PLAN**
 1,000 Home Care Service Hours
 10,000 Lifetime Membership Hours
 (\$200,000 *Current Lifetime Retail Value)

▶ **GOLD PLAN**
 600 Home Care Service Hours
 6,000 Lifetime Membership Hours
 (\$120,000 *Current Lifetime Retail Value)

▶ **SILVER PLAN**
 300 Home Care Service Hours
 3,000 Lifetime Membership Hours
 (\$60,000 *Current Lifetime Retail Value)

▶ **BRONZE PLAN**
 150 Home Care Service Hours
 1,500 Lifetime Membership Hours
 (\$30,000 *Current Lifetime Retail Value)



▶ **AGENCY AND ANYTIME SERVICES INCLUDE:**

- Meal Planning / Preparation
- Assistance With Dressing
- Assistance With Bathing, Toileting And Hygiene
- Grooming
- Laundry, Ironing And Changing Linens
- Grocery Shopping
- Light Housekeeping
- Monitor Diet And Food Expirations
- Medication Reminders
- Accompany To Place Of Worship
- Accompany To Doctors Appointments And More

* The "Lifetime Membership Hours" are determined from the initial membership hours of a chosen plan plus a maximum nine rejuvenations of benefits. The "Current Lifetime Retail Value" comes from a 2014 Mature Market Study of the average cost per hour for Non-Medical Home Health Aides nationwide. As that cost increases, so will the value of True Freedom membership hours.

True Freedom Premier Plans are Service Contracts, NOT Insurance.

True Freedom Home Care Service Hours

▶ TRUE FREEDOM HOME CARE SERVICE HOURS

The True Freedom Premier Plans include two options of non-medical home care service to choose from. Members can select to utilize either AGENCY Hours provided by a network of licensed and registered Home Care Agencies in the True Freedom Network OR ANYTIME Hours, where members have the freedom to choose a friend or neighbor to provide their home care services (it cannot be a family member or someone living in the same household.) All home care service is arranged, scheduled and managed by the Customer Care Coordinators at American Senior Services, Inc.

ANYTIME Hours

(Provided by a friend or neighbor) are available any day of the week and during any/all hours including **overnight and 24/7 live-in home care.**

AGENCY Hours

(Provided by a Network Agency) are available for up to 5 hours a day, Monday thru Friday between the hours of 9:00am and 5:00pm.

The requirement for full access to the home care service hours of a current True Freedom Premier Plan is that memberships must be past the one time 90-day Good Standing Period following the initial enrollment.

To receive home care services, just call the toll-free customer service number: **1-888-245-9001**

Emergency Care Benefit

For members who may suddenly require temporary attention during the initial 90-day **Good Standing Period**, 5% of the home care services of your chosen plan may be utilized as an **Emergency Care Benefit**.

PLATINUM PLAN	- Up to 50 hours of home care during the 90-Day Good Standing Period
GOLD PLAN	- Up to 30 hours of home care during the 90-Day Good Standing Period
SILVER PLAN	- Up to 15 hours of home care during the 90-Day Good Standing Period
BRONZE PLAN	- Up to 8 hours of home care during the 90-Day Good Standing Period

▶ TRUE FREEDOM PREMIER PLAN BUILT-IN FEATURES

Premier Rejuvenation

Once a member has exhausted all of their service hours, **the initial hourly benefit fully rejuvenates after 90 days.** (Example: The Platinum Plan = 1000 Hours. When those hours have been fully utilized, there is a 90-day **Rejuvenation Period**. On the 91st day, there is full and immediate access to an additional 1000 hours of home care.) Home Care Services can continue to restore for up to the Maximum Lifetime Membership Hours (A total of 10x the initial hours of your chosen plan.) There is no health requirement for the rejuvenation of services.

True Freedom Discount Reward Program

Members earn a discount of 10% upon the anniversary and renewal of membership for each year that no home care services have been utilized. That savings will continue for up to 4 years. (Example: In your 5th True Freedom membership year, you would be saving 40% on your contract fees if you have not required any home care to that point.)

True Freedom Premier Plans are Service Contracts, NOT Insurance.

True Freedom Premier Plan Customer Survey Report

	Yes	No
I have been given a signed copy of the Field Issued Contract	___	___
I have been given a signed receipt	___	___
I am aware of the annual cost for the membership plan I have chosen	___	___
I am aware that True Freedom Homecare Plans are not insurance	___	___
I am aware this provides non-medical homecare services	___	___
I have completed this report myself	___	___

Member's Initials _____

I have purchased the True Freedom Plan because of the membership benefits provided and:

	Yes	No
As an addition to my coverage	___	___
To replace my coverage	___	___

Member's Initials _____

The representative explained the cancellation procedure in full. I have read and understand the 10-day Free Look, the signed cancellation letter from member, True Freedom's mailing address, and the Terms And Conditions of Membership.

Member's Initials _____

The representative presented him/herself in a helpful, professional manner and did not make any claims of any benefits other than those listed in the signed Field Issued Contract left with me.

Member's Initials _____

All of the questions above were answered by me of my own free will.

Member's Initials _____

Signature

Print Name

Date ___/___/____

True Freedom Premier Plans are Service Contracts, NOT Insurance.

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Customer Survey Report

Membership Renewal Options:

Monthly Bank Plan Quarterly Invoice
 Semi-Annual Invoice Annual Invoice

Member's Initials _____

- All of the member benefits in this Field Issued Contract that I selected above were explained to me in full and a signed copy left with me. I have read, and I understand these benefits as well as the membership terms and conditions.

Member's Initials _____

- All of the above questions were answered by me of my own free will.

_____ / _____ / _____
 Signed Print Name Date

REPRESENTATIVE SURVEY REPORT

The non-medical home care of the True Freedom Plans is not intended to be utilized at the time of enrollment (see "Good Standing Period") or if necessary home care service is currently in use.

	Yes	No
Is the prospective member currently receiving home care service?	_____	_____
Do you feel that the non-medical home care service of a True Freedom Plan is suitable and will benefit this prospective member?	_____	_____

 Representative Signature Print Name

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REMOVE LINER STRIP AND AFFIX MEMBER'S PINK COPY HERE

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AMERICAN SENIOR SERVICES INCORPORATED

ASSI is a proud member of:



▶ RECEIPT

Received from

on _____ a payment of

\$ _____

Please make checks payable to:

American Senior Services, Inc.

Not to Any Representative, Agent,
Agency or Individual.

for the purchase of this field issue contract
with American Senior Services, Inc. This receipt
is not valid unless payment is made by check,
money order, or credit card and is collectible.

Representative (Please Print)

Phone

____/____/____
Date

www.truefreedomhomecare.com

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AMERICAN SENIOR SERVICES INC.

Dun & Bradstreet
CREDIBILITY CORP



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