



Universal Solutions

Your Partner in Health & YOUR
Personal Business Opportunity

Who is Universal Solutions

- A Patient **Medical Billing Advocacy** company
- Established in 2008
- Currently serving thousands of members in 47 states
- Has saved (on average) over \$1,100.00 per member

The Facts

As they stand now...

U.S. Healthcare Costs

- 1998 \$800 Billion
 - 2007 \$2.4 Trillion
 - 2013 \$3.4 Trillion
-
- Source: Centers for Medicare & Medicaid Services (CMS)

The National Healthcare Problem

- Total spending was \$2.4 TRILLION in 2007, or \$7,900 per person.
- In 2008, total national health expenditures rose 6.9 percent -- two times the rate of inflation.
- In 2007, \$17 dollars out of every \$100 American dollars spent was spent on healthcare.

Impact of Healthcare Inflation

- Average Salary:
1999-2009.....21.4% Increase
- Average Healthcare Cost:
1999-2009.....127% Increase

If Left Unchecked...

In 2013:

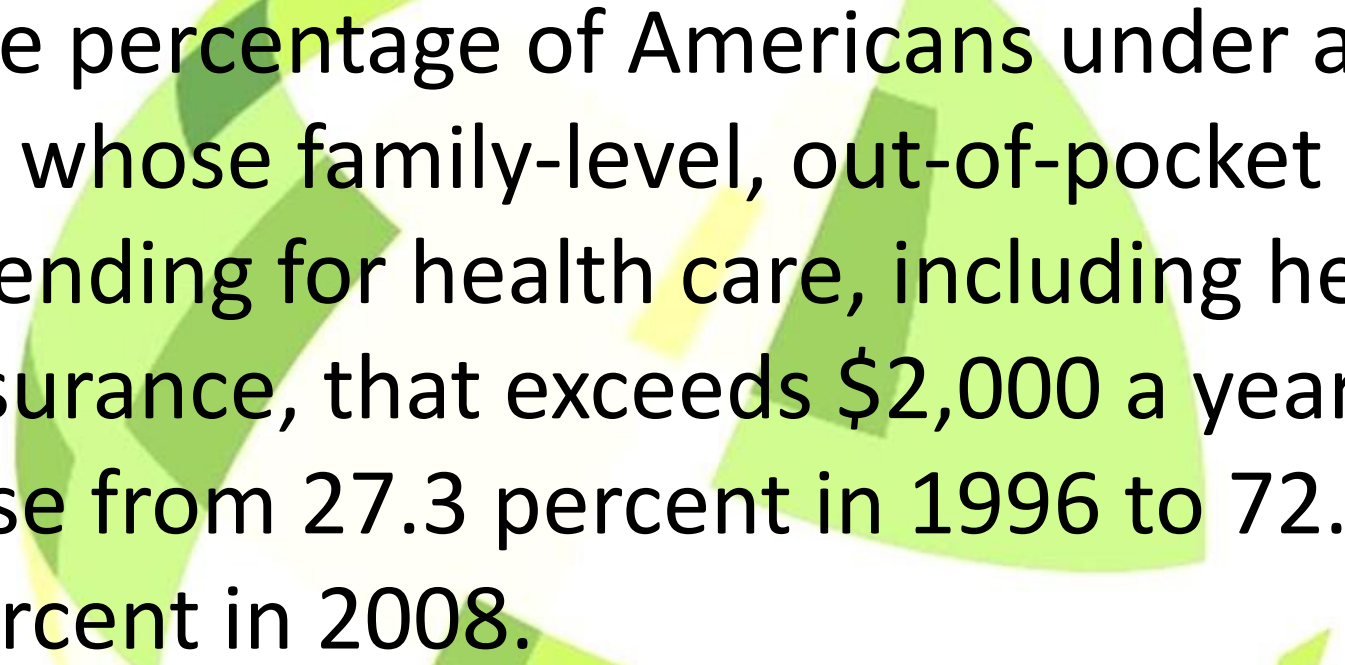
- Healthcare Expenditures will Average \$10,640 per Person, per Year
- Healthcare Expenditures will Average \$33,000 per Family, per Year

(Based on CMS Data)

Now let's look at some staggering facts:

- Nearly 90% of all *medical claims* go out with at least one error. Of those, only about 15% are ever *fully* corrected
- Patients account for paying nearly **\$35 billion dollars** annually they should not be liable for
- As many as **30% of all medical claims** are denied incorrectly by the insurance carrier.
- *A new study finds that more than 60% of personal bankruptcies in the United States in 2007 were caused by health-care costs associated with a major illness.
 - That's a 50% increase in the number of bankruptcies blamed on medical expenses since a similar study in 2001

**Taken from CNN Health August 2009*

- 
- An abstract graphic composed of several overlapping, curved, brushstroke-like shapes in various shades of green and yellow, centered behind the text.
- The percentage of Americans under age 65 whose family-level, out-of-pocket spending for health care, including health insurance, that exceeds \$2,000 a year, rose from 27.3 percent in 1996 to 72.3 percent in 2008.

- As much as **\$226 billion dollars** is billed fraudulently by healthcare providers annually, or 10% of all healthcare spending.

**This is only the amount that is actually reported, not the true amount that occurs*

How much is \$226 Billion per Year?

- \$4.346 Billion.....per Week
- \$619 Million.....per Day
- \$25.8 Million.....per Hour



To put it in perspective

Let's take a look at what \$226 billion REALLY looks like...

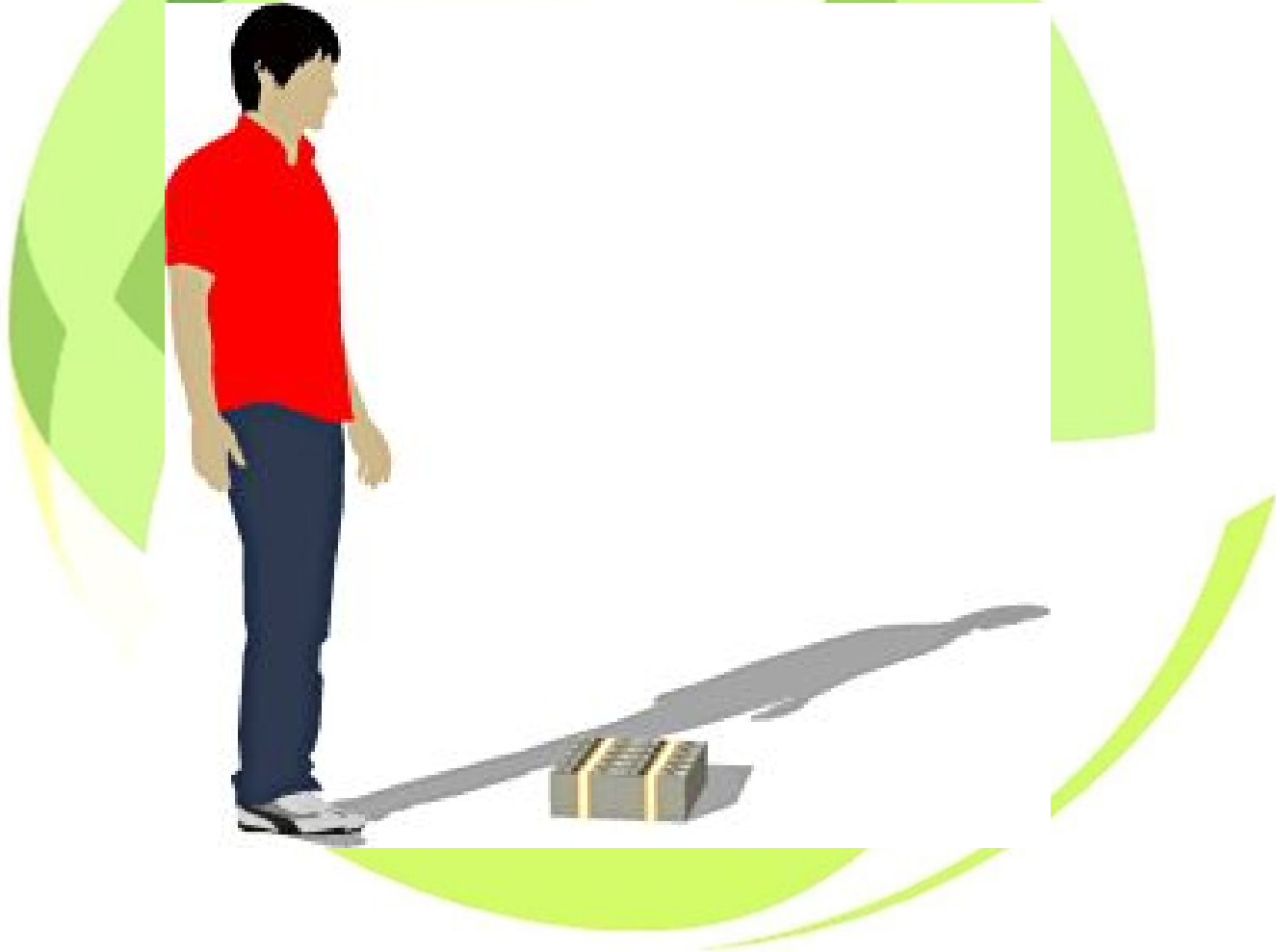
Here is a **\$100 bill**. Currently the largest single bill in circulation used today...



Next is **\$10,000**. Really not that impressive.
Could easily fit in your back pocket...



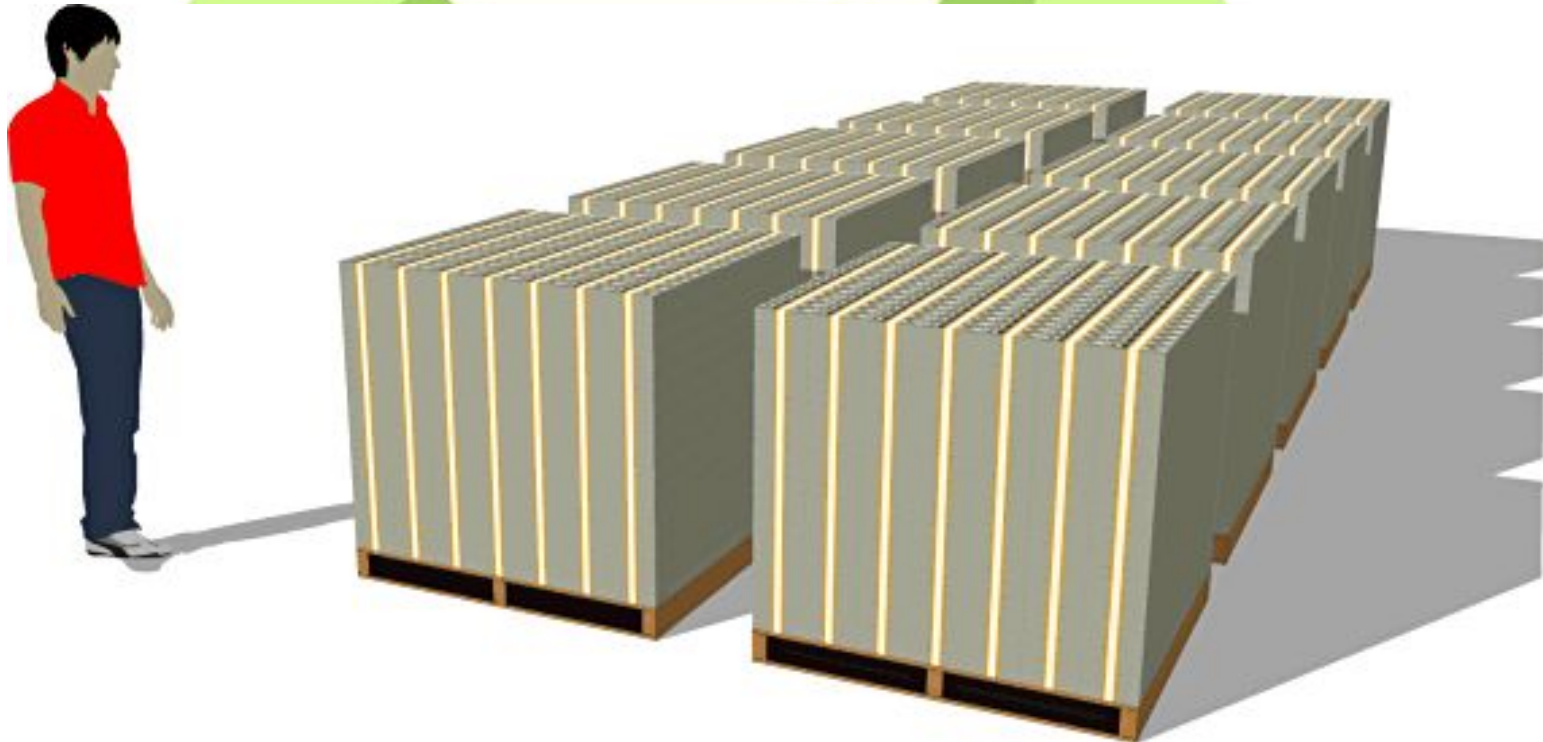
Ironically, this is **\$1 Million** dollars. Not quite as large as you would expect..



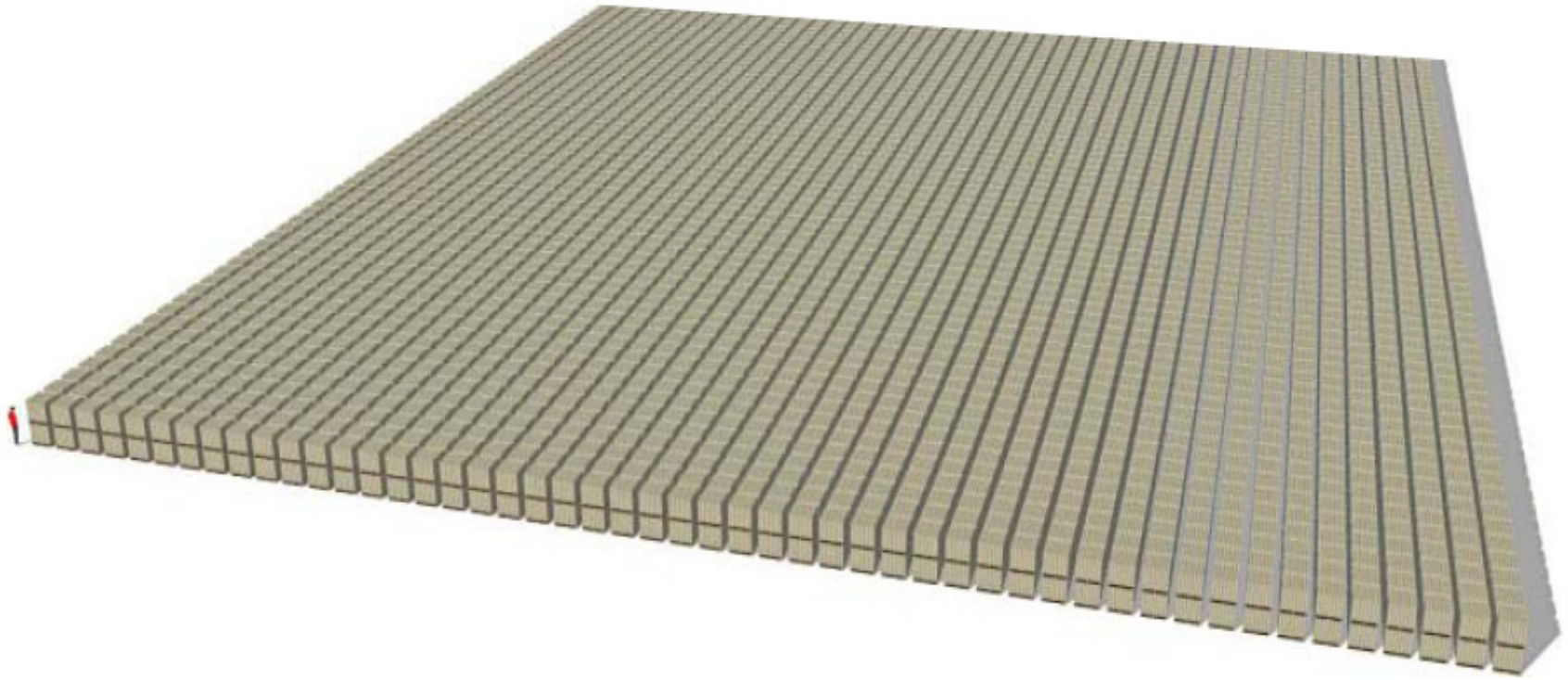
This is **\$100 Million** dollars.
Fits neatly on a standard pallet...



Now we're getting somewhere. Here is
\$1 Billion dollars. Impressive but...



Here is the number we have been talking
about... **\$226 Billion dollars !**



What does it mean to YOU?

As it stands today, It Costs...

- More than \$900.00 *per insured* in America per year.
- \$3,600 per Family of Four, per Year

...to pay for Healthcare Fraud!

Fraudulent Bills Consist of:

- Hospital billing errors
- Up coding & overcharges
- Gaps in oversight
- Fake or erroneous Charges
- Double billing of patient and insurance carriers
- Billing individuals for insurance covered items

Who is Affected by this Problem?

- Every American with or without insurance coverage
- All companies who offer health insurance
- Seniors and “Baby Boomers”
 - *74,000,000 will be reaching retirement age and qualifying for Social Security and Medicare & Medicaid within the next 5 – 7 years*



WHO PAYS FOR THIS FRAUD?

YOU DO!!!

Gaps in the System

- Most hospital claims are paid electronically, from a “UB-92” (summarized bill). Generally the patient doesn’t even see the itemized bill.
- Without reviewing the detailed billing, *it’s impossible to determine whether or not the charges are accurate.*

And, unfortunately...

- The patient, clueless as to what the doctor or hospital should actually be charging and what level of codes they should be billing, goes along paying their co pays while the insurance company pays on inflated fees.
- When claims are denied, the patient has no recourse and very few tools at their disposal to help navigate the bureaucracy.

Nothing Wrong Here Doc!

You walk into your doctor's office, pay your co pay, visit with the doctor, are satisfied with the treatment you receive and go on your way.

6 weeks pass by and you receive notification from your insurance company that they paid the doctor and you owe nothing more. You're satisfied, but should you be???

Why Does It Matter?

Because **YOU** pay for the fraud in higher premiums, fewer covered services, higher deductibles, co pays and out of pocket expenses.

“The insurance companies pass on every dime of insurance fraud to consumers in the form of higher rates”

STEVE POIZNER – California Insurance Commissioner

THERE IS A SOLUTION



And YOU can be part of it!!!

Patient Billing Advocacy

An abstract graphic consisting of several overlapping, semi-transparent green and yellow circular shapes of varying sizes and orientations, creating a dynamic, circular pattern in the background.

- What is a patient medical billing advocate?
- How does it work?
- Why does it work?
- What's in it for me???

What is a Patient Medical Billing Advocate?

A patient medical billing advocate is a dedicated liaison between an individual, their healthcare providers (such as doctors, dentists, and hospitals), and their health insurance company, to make sure of their medical bills and claims are processed correctly and that they are never overcharged.

How It Works

- Savings result from finding and resolving errors in provider bills, settling and negotiating balance-billing issues, and correcting inappropriately applied charges.
- In the course of a billing advocates' efforts they are often able to resolve errors in the application of benefits, deductibles and co-payments, negotiating fees with healthcare providers, and in reviewing bills, catching duplicate or erroneous charges.
- Through the course of audits, investigative work and bill resolution, a billing advocate often times resolve medical collection accounts and have even facilitated refunds for patients who have overpaid and insurance companies who have made duplicate payments.
- An Advocates' involvement relieves patients and their families of the burden of dealing with healthcare matters by themselves

Why it Works

- A Patient Medical Billing Advocacy company is a unique, innovative, highly personalized, and low cost program that has the potential to return value *far in excess* of the costs.
- The value extends across all aspects of the healthcare system and through direct involvement, the actual data has proven that people are realizing *true cost savings*
- There is a real chance to help patients become more educated as to the “who, what, when, where, why and how” aspects of healthcare
- In the course of dealing with physicians and insurance companies, there are many opportunities to help individuals and companies, and in the process save a significant amount of money and time.

Member Benefits

- Membership is extended to all immediate family members in a household
- We negotiate reasonable fees for patients who are uninsured or underinsured
- We manage all calls related to healthcare billing questions; disputes, denials and represent our members in resolving medical billing issues
- We audit our members medical bills for inaccuracies and make sure they are never charged for services they shouldn't owe
- We appeal any denied claim that should be covered under the members health plan
- We facilitate refunds on behalf of our members for money they've overpaid
- We stop any harassing collection calls and negotiate settlements on any outstanding medical bills our members have or may incur
- We resolve all disputed charges our members may have with a doctor or hospital and hold those parties responsible
- We decode insurance lingo, explanation of benefits and assist the member in understanding their medical bills, how their policy works and how to get the most from their health insurance
- We effectively negotiate with doctors and hospitals to ensure employees get fee reductions and more affordable payment plans for the portion of their bills they do owe

Member Benefits

- We provide member's with timely answers to all of their healthcare billing related questions through unlimited phone, internet and e mail support
- We provide a comprehensive prescription, vision, dental and lab & imaging discount program for all members & their families at **NO** extra charge

Universal Solutions Prescription Discount Card

The Universal Solutions Prescription Discount Card is an easy way to help you and your family with all your prescription drug needs. Your card also includes OUTLOOK VISION, DENTEMAX & Lab & Imaging Discounts where you can save 50% or more on Lab & Imaging tests.



The image shows a sample of a Prescription Discount Card. At the top left is the Universal Solutions logo. To the right of the logo is the title "Prescription Discount Card". Below the logo, the card displays placeholder information: "Group #: xxxxxxxx", "Member ID: xxxxxxxxx", and "Processor: NetCard Systems BIN # 008878". To the right of this information is a note: "Pharmacy: Add 2-digit person code to Member ID 01=member 02=spouse 03=dependent etc. Example: xxxxxxxxx enter as xxxxxxxxx01". At the bottom of the card, there are three columns of logos and contact information. The first column features the WellDyneRx logo and the website www.wellcard.com. The second column features the Outlook logo and the website www.outlookvision.com with the phone number 800-342-7188. The third column features the Dentemax logo and the website www.dentemax.com. To the right of the Dentemax logo is the Lab & Imaging logo and the website www.prepaidlab.com and www.prepaidimaging.com.

Prescription Discount Card

Group #: xxxxxxxx Pharmacy: Add 2-digit person code to Member ID
01=member 02=spouse 03=dependent etc.
Member ID: xxxxxxxxx Example: xxxxxxxxx enter as xxxxxxxxx01

Processor: NetCard Systems BIN # 008878

Vision Only **Dental Only** **Lab & Imaging**

WellDyneRx **OUTLOOK** **DENTEMAX**

www.wellcard.com www.outlookvision.com www.dentemax.com www.prepaidlab.com
800-342-7188 www.prepaidimaging.com

- Immediate benefit available to ALL family members in your household
- Use at over 50,000 of our participating pharmacies nationwide
- Instantly receive average savings of 65% off drug prices
- All brand name and generic drugs are included in our program
- Free online participating pharmacy locator and drug price lookup
- Enroll in the convenient mail order pharmacy and receive free standard shipping


Spouse leaves behind \$100K in bills

One of our members came to us when she lost her husband of 15 years to a heart attack and was then promptly billed \$95,000 in out of pocket costs. The reason her insurance didn't pay? The insurance company stated the husband went to an out of network facility where they covered no treatment. After an initial reconsideration they were willing to pay \$1,500 towards the expense for the ambulance and stated "the remainder is denied for the above reason and the patient should have been transported to an in network facility once stabilized as there was not medical necessity."

After speaking with the patient's wife and pulling the medical records, the deceased had been rushed to the hospital, promptly admitted into surgery, and passed away on the operating table 4 short hours later. When was the patient EVER stable???

Universal Solutions promptly elevated the appeals process, forced the insurance company to reopen the claim and delivered prompt payment to the facility who had originally billed the charges with the wrong codes, causing the initial denial. The patient's wife was billed \$900.00 (the true amount she should have owed).

Universal Solutions went to bat again and got the facility to waive the \$900.00, leaving the spouse with **ZERO out of pocket costs**.

The background features a large, abstract graphic composed of several overlapping, curved, and irregular shapes in various shades of green and yellow. The shapes are layered, creating a sense of depth and movement. The colors range from a bright, almost white yellow to a deep forest green.

**The following slide is the actual EOB
(explanation of benefits) from the
insurance company that denied the
claim made by the patient**



An Independent Licensee of the Blue Cross and Blue Shield Association
 The Plan provides administrative claims payment service only and does not assume any financial risk or obligation with respect to claims.

02331 7418565 004662 007151 00001/000002

BLUE CROSS BLUE SHIELD OF MASSACHUSETTS
 ONE ENTERPRISE DRIVE
 NO. QUINCY, MA 02171-2126
 MAIL STOP 02-04

Explanation of Benefit Payments

THIS IS NOT A BILL

THIS STATEMENT REPORTS ON A CLAIM(S) WE RECENTLY PROCESSED FOR YOU, AND/OR YOUR DEPENDENTS. IF YOU HAVE ANY QUESTIONS, PLEASE CALL OR WRITE:

BLUE CROSS BLUE SHIELD OF MASSACHUSETTS
 TJX COMPANIES, INC.
 ONE ENTERPRISE DRIVE
 NO. QUINCY, MA 02171-2126
 FOR INQUIRIES CALL: 1-800-859-4417

CHECK REF. NO.:

>02331 7418565 001 092013

N LAS VEGAS NV



STATEMENT DATE		
MO	DAY	YR
11	06	09

CONTRACT#: 985873544
 GROUP#: 2282738 3049

SEE BACK FOR EXPLANATION OF COLUMNS

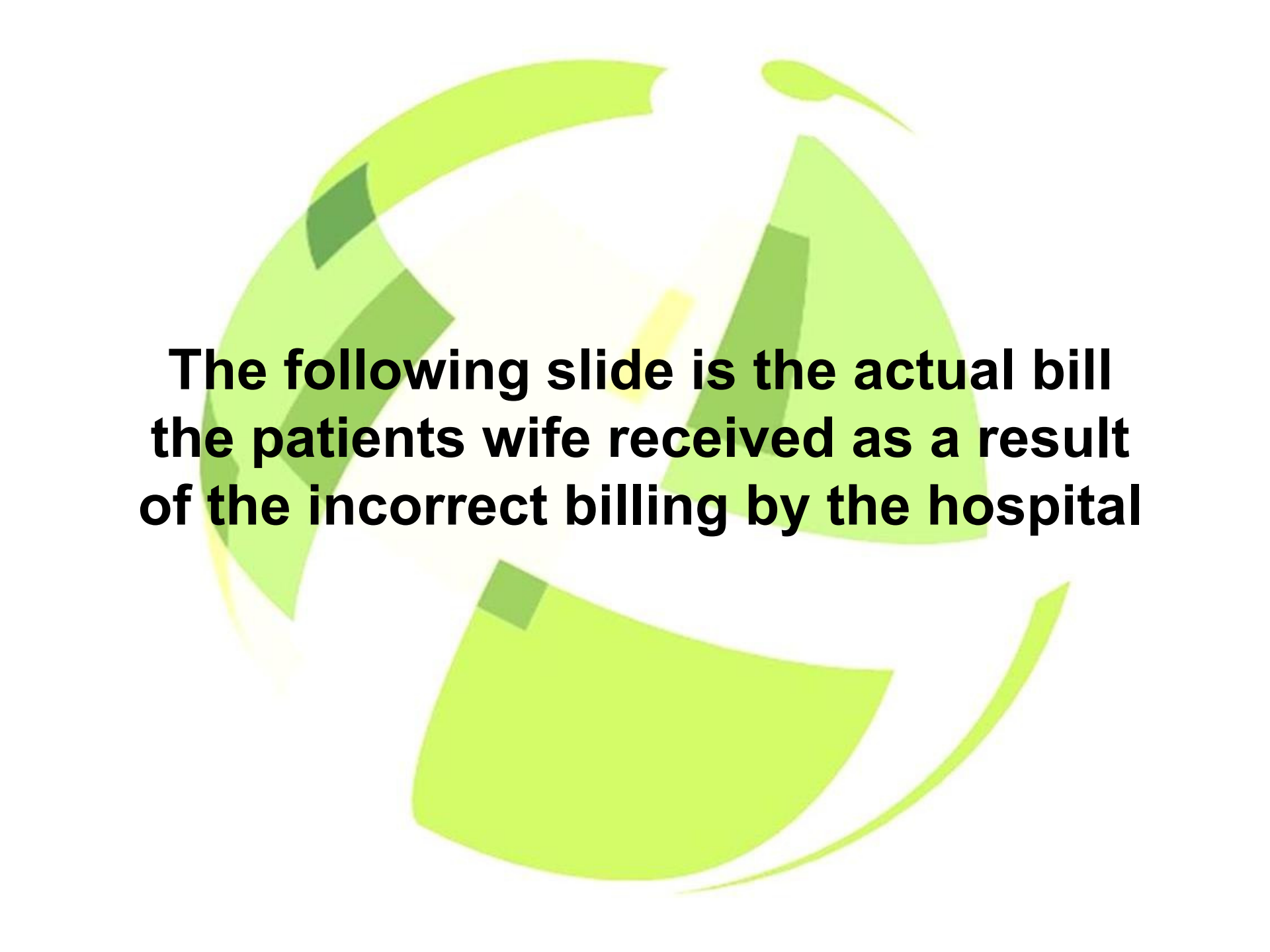
DATES OF SERVICE	DESCRIPTION OF SERVICES	AMOUNT CHARGED	ALLOWED AMOUNT	OTHER INSURANCE	YOUR RESPONSIBILITY			OTHER AMOUNTS NOT COVERED	AMOUNT PAID	RSN CODE
					DEDUCTIBLE	COPAY	COINSURANCE			
PATIENT:		PROVIDER: CENTERIAL HILLS HOSPITAL								
CLAIM: 20093005215600										
10/14/09	ICU ACCOMMODATION	\$2,437.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,437.00	\$0.00	A
10/14/09	OPERATING ROOM	\$23,121.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$23,121.00	\$0.00	
10/14/09	CARDIOLOGY	\$14,501.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$14,501.00	\$0.00	
10/14/09	HOSPITAL SERVICES	\$12,985.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$12,985.00	\$0.00	A
10/14/09	MED/SURGICAL SUPPLY	\$10,899.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$10,899.00	\$0.00	A
10/14/09	MED/SURGICAL SUPPLY	\$5,284.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5,284.00	\$0.00	
10/14/09	CARDIOLOGY	\$3,711.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3,711.00	\$0.00	
10/14/09	PHARMACY	\$2,646.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,646.00	\$0.00	
10/14/09	EMERGENCY ROOM	\$1,534.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,534.00	\$0.00	
10/14/09	RADIOLOGY	\$1,426.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,426.00	\$0.00	
10/14/09	LABORATORY	\$1,152.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,152.00	\$0.00	
10/14/09	CHEMISTRY	\$505.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$505.00	\$0.00	
10/14/09	EKG/EEG	\$389.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$389.00	\$0.00	
10/14/09	HEMATOLOGY	\$345.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$345.00	\$0.00	
10/14/09	MED/SURGICAL SUPPLY	\$2.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2.00	\$0.00	
	TOTALS----	\$80,737.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$80,737.00	\$0.00	

NOTICE WAS SENT TO PROVIDER

A-BENEFITS HAVE BEEN REDUCED BECAUSE OUR RECORDS SHOW THAT YOU DID NOT FOLLOW THE REQUIREMENTS OF THE BENEFIT MANAGEMENT PROGRAM. YOU MUST FOLLOW THE REQUIREMENTS OF THE BENEFIT MANAGEMENT PROGRAM DESCRIBED IN YOUR PLAN. THIS PROGRAM APPLIES ANYWHERE IN THE UNITED STATES. /H397/

PATIENT:

PROVIDER: MEDICVEST AMBULANCE INC

The background features several overlapping, semi-transparent shapes in shades of light green and yellow. These shapes include curved lines, triangles, and irregular polygons, creating a dynamic and abstract composition. The text is centered over this graphic.

**The following slide is the actual bill
the patients wife received as a result
of the incorrect billing by the hospital**

CENTENNIAL HILLS HOSPITAL
 8801 W SAHARA AVE, FIRST FLOOR
 LAS VEGAS, NV 89117



T755-7071547-8000755465-600

Phone: 1-800-404-6627
 T755 707154-7



#8WNFDQV
 #6007071547J9#

000021

NORTH LAS VEGAS NV

Statement Date:	NOVEMBER 25, 2009
Account Number:	8000755465
Patient:	
Service Date:	10/14/09
Service Type:	Healthcare
Account Balance:	\$ 56,515.90
Additional Charges:	\$.00
Amount Due:	\$ 56,515.90

IF PAYMENT HAS BEEN MADE, OR THE ABOVE INDICATED BALANCE IS NOT CORRECT, PLEASE CONTACT US PROMPTLY. THANK YOU FOR YOUR ASSISTANCE.

please retain this portion for your records

complete and return this portion with your remittance

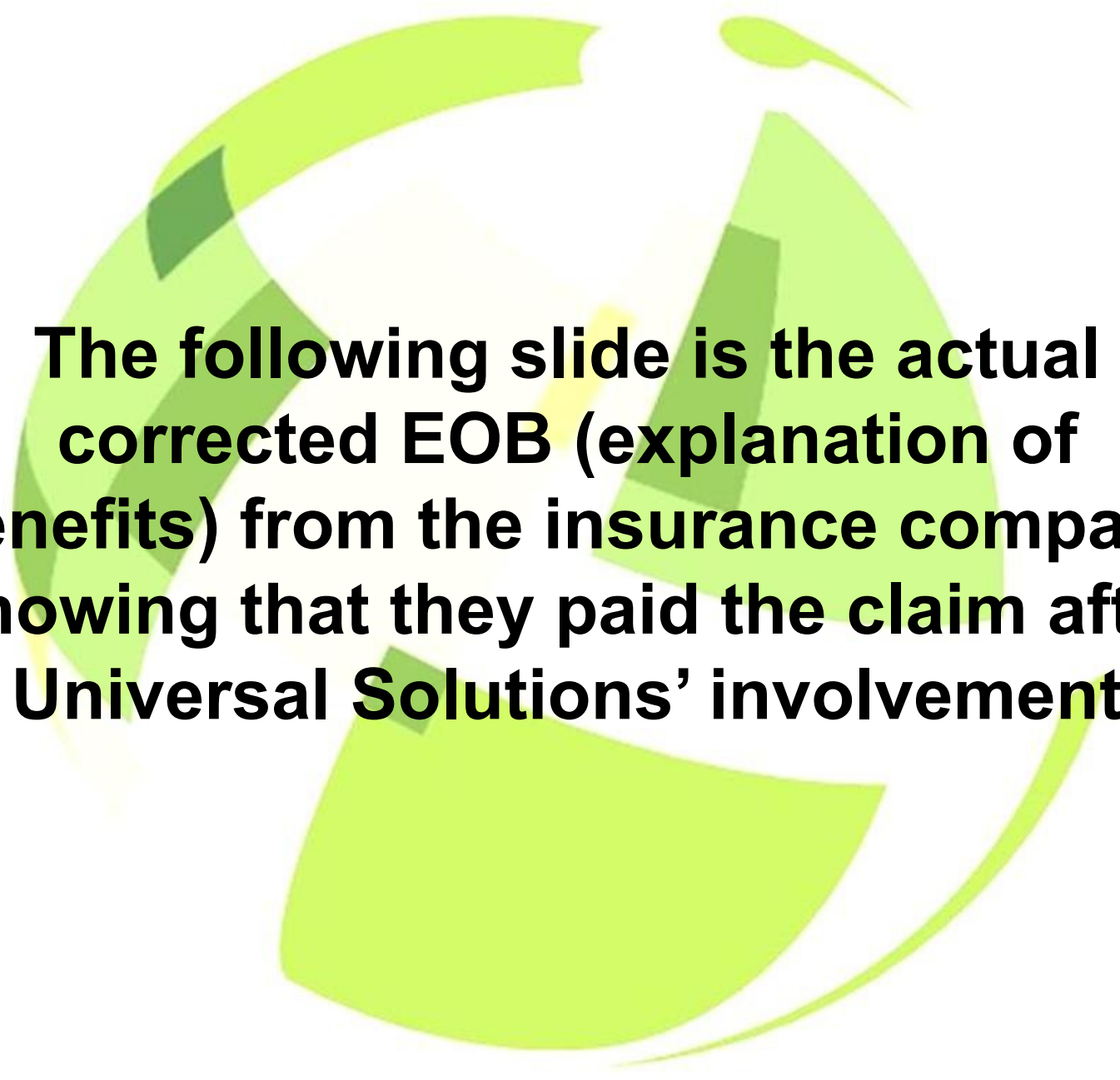
CENTENNIAL HILLS HOSPITAL

Statement Date:	NOVEMBER 25, 2009
Account Number:	8000755465
Responsible Party:	
Patient:	
Service Date:	10/14/09
Service Type:	Healthcare
Amount Due:	\$ 56,515.90
Amount Paid:	\$

Credit Card Authorization

Choose 1 Credit Card Option:	<input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> AmExp <input type="checkbox"/> Discover
Card Number:	
3 or 4 Digit CCV Code:	
Expiration Date:	
Amount Paid:	\$
Card Holder's Name:	
Authorized Signature:	

Please check box if insurance information has changed.
 and indicate change(s) on back



The following slide is the actual corrected EOB (explanation of benefits) from the insurance company showing that they paid the claim after Universal Solutions' involvement



* An Independent Licensee of the Blue Cross and Blue Shield Association
 The Plan provides administrative claims payment service only and does not assume any financial risk or obligation with respect to claims.

BLUE CROSS BLUE SHIELD OF MASSACHUSETTS
ONE ENTERPRISE DRIVE
NO. QUINCY, MA 02171-2126
MAIL STOP 02-04

01959 7482975 003918 006052 00001/00002

Explanation of Benefit Payments

THIS IS NOT A BILL

THIS STATEMENT REPORTS ON A CLAIM(S) WE RECENTLY PROCESSED FOR YOU AND/OR YOUR DEPENDENTS. IF YOU HAVE ANY QUESTIONS, PLEASE CALL OR WRITE:

BLUE CROSS BLUE SHIELD OF MASSACHUSETTS
TJX COMPANIES, INC.
ONE ENTERPRISE DRIVE
NO. QUINCY, MA 02171-2126
FOR INQUIRIES CALL: 1-800-859-4417



>01959 7482975 001 092013

N LAS VEGAS NV



STATEMENT DATE

MO	DAY	YR
01	08	10


CHECK REF. NO.:

CONTRACT#: 985873544
 GROUP#: 2282738 3049

SEE BACK FOR EXPLANATION OF COLUMNS

DATES OF SERVICE	DESCRIPTION OF SERVICES	AMOUNT CHARGED	ALLOWED AMOUNT	OTHER INSURANCES	YOUR RESPONSIBILITY				AMOUNT PAID	RSN CODE
					DEDUCTIBLE	COPAY	CONSURANCE	OTHER AMOUNTS NOT COVERED		
PATIENT:		PROVIDER: CENTENNIAL HILLS HOSPITAL								
CLAIM:		20093005215602								
10/14/09	ICU ACCOMMODATION		\$1,637.42	\$0.00	\$0.00	\$0.00	\$327.48	\$0.00	\$1,309.94	A
10/14/09	OPERATING ROOM		\$15,535.04	\$0.00	\$0.00	\$0.00	\$804.80	\$0.00	\$14,930.14	A
10/14/09	CARDIOLOGY		\$9,743.24	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$9,743.24	
10/14/09	HOSPITAL SERVICES		\$3,248.25	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3,248.25	
10/14/09	MED/SURGICAL SUPPLY		\$3,209.70	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3,209.70	
10/14/09	MED/SURGICAL SUPPLY		\$3,550.33	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3,550.33	
10/14/09	CARDIOLOGY		\$2,493.43	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,493.43	
10/14/09	PHARMACY		\$1,777.85	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,777.85	
10/14/09	EMERGENCY ROOM		\$1,030.70	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,030.70	
10/14/09	RADIOLOGY		\$958.13	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$958.13	
10/14/09	LABORATORY		\$774.03	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$774.03	
10/14/09	CHEMISTRY		\$339.31	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$339.31	
10/14/09	EKG/EEG		\$281.37	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$281.37	
10/14/09	HEMATOLOGY		\$231.81	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$231.81	
10/14/09	MED/SURGICAL SUPPLY		\$1.34	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1.34	
TOTALS----			\$44,789.95	\$0.00	\$0.00	\$0.00	\$932.38	\$0.00	\$43,857.57	
PAYMENT WAS MADE TO PROVIDER										

A-THE DIFFERENCE BETWEEN THE 'CHARGES' COLUMN AND THE 'ALLOWED' COLUMN MAY BE YOUR RESPONSIBIL-

An abstract graphic composed of several overlapping, curved, and irregular shapes in various shades of green and yellow. The shapes are arranged in a circular pattern, creating a sense of motion and depth. The colors range from light lime green to a darker, muted green, with some yellow highlights. The overall effect is a dynamic, organic-looking composition.

REAL MEMBERS, REAL PROBLEMS,
REAL ANSWERS...*FAST*

Security & Privacy



Universal Solutions goes to great lengths to keep our members and associates information completely confidential. We are not only 100% HIPAA compliant but have instituted our own standards for the treatment of confidential information.

We never sell, trade, share or disclose any information to anyone for marketing purposes so you can feel safe and confident your information and that of those we serve stays protected.

What's in it for ME??

- Universal Solutions is looking for people like yourself to drive this long overdue service and opportunity to the marketplace.
- The chance to help others, truly have an impact our healthcare system for the better and take control of your financial destiny.



Universal Solutions

Leveling the Healthcare Playing Field

Welcome to the Universal Solutions Comp Plan



3 WAYS TO GET PAID!

Direct Commissions

- New Associate Start-Up Kits
- Memberships

Bonus Override

- Guaranteed bonus for total volume goal for down line

Annual Bonus Payout

- Top 10 associates with highest group volume for calendar year

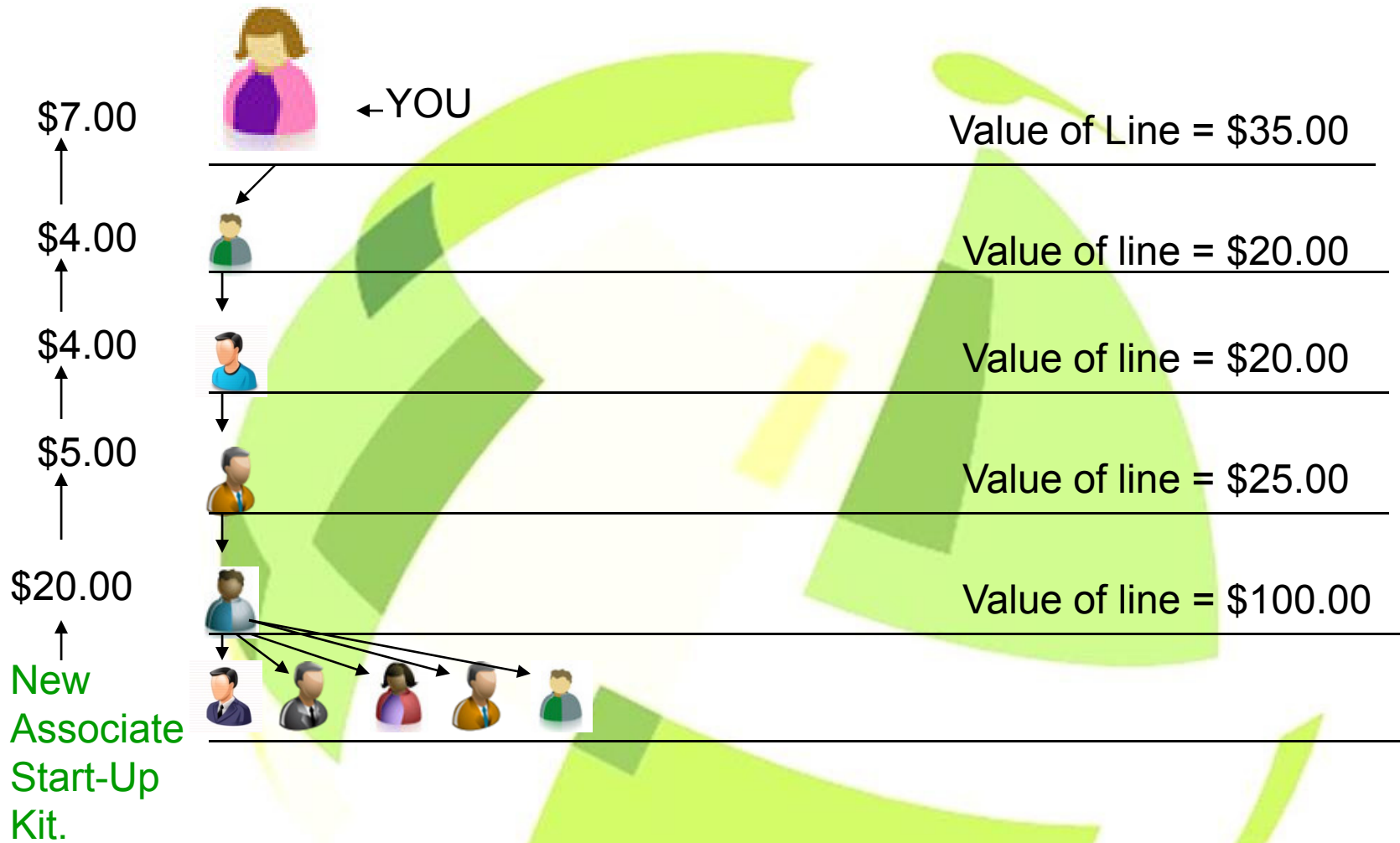
Direct Commissions

- * **New Associate Start-Up Kits** – Paid at \$20.00 per agreement to sponsoring associate, \$20.00 paid to up line. PAID ONE TIME ONLY
- * Renewing Memberships

Only 1 Qualifier: Stay Enrolled !!!!

5 X \$ 20.00	\$100
10 X \$ 20.00	\$200
15 X \$20.00	\$300
20 X \$ 20.00	\$400
25 X \$20.00	\$500
30 X \$ 20.00	\$600

\$7.00	LEVEL 1
\$4.00	LEVEL 2
\$4.00	LEVEL 3
\$5.00	LEVEL 4
New Associate Sign Up	LEVEL 5

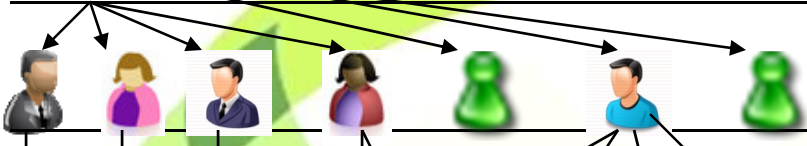


If a representative 4 lines below you signs up 5 new representatives , this would represent the pay outs to the up line.

Value to you for associate start-up kit

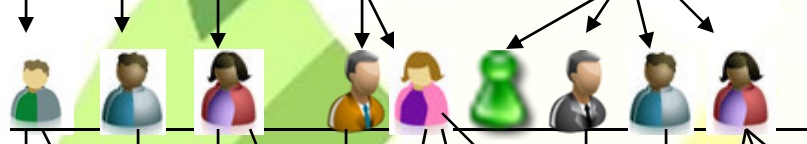


\$20.00



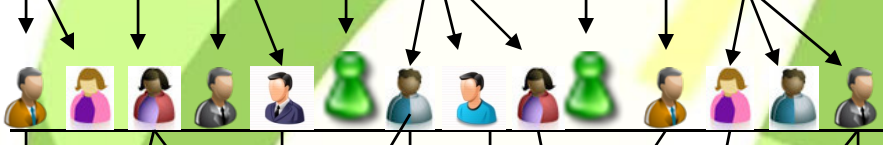
Value of line / 5 = \$100.00

\$5.00



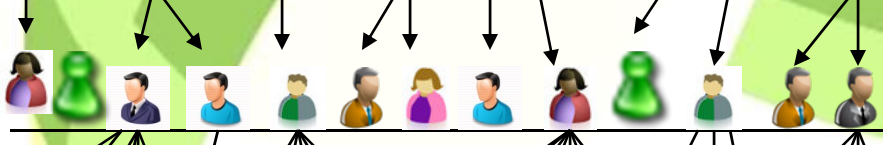
Value of line / 8 = \$40.00

\$4.00



Value of line / 12 = \$48.00

\$4.00



Value of line / 11 = \$44.00

\$7.00



Value of Line / 24 = \$168.00

Total Value for this = 400.00

New Associate Start-Up Kit– Paid at \$20.00 per agreement to sponsoring associate, \$20.00 paid to up line. One Time Only.

Direct Commissions

*

New Associate Agreements

*

Renewing Memberships

LEVEL 1 \$4.25	10	\$42.50	100	\$425.00	1,000	\$4225.00
LEVEL 2 \$2.75	10	\$27.50	100	\$275.00	1,000	\$2750.00
LEVEL 3 \$1.50	10	\$15.00	100	\$150.00	1,000	\$1500.00
LEVEL 4 \$1.25	10	\$12.50	100	\$125.00	1,000	\$1250.00
LEVEL 5 \$1.00	10	\$10.00	100	\$100.00	1,000	\$1,000.00
LEVEL 6 \$1.00	10	\$10.00	100	\$100.00	1,000	\$1,000.00
LEVEL 7 \$0.50	10	\$5.00	100	\$50.00	1,000	\$500.00
LEVEL 8 \$0.25	10	\$2.50	100	\$25.00	1,000	\$250.00
LEVEL 9 \$0.25	10	\$2.50	100	\$25.00	1,000	\$250.00
LEVEL 10 \$0.25	10	\$2.50	100	\$25.00	1,000	\$250.00

**What you earn from your down line
per Associate or Customer for Monthly Usage**

LEVEL 1,	\$4.25 Monthly per Associates or Customer
LEVEL 2,	\$2.75 Monthly per Associates or Customer
LEVEL 3,	\$1.50 Monthly per Associates or Customer
LEVEL 4,	\$1.25 Monthly per Associates or Customer
LEVEL 5,	\$1.00 Monthly per Associates or Customer
LEVEL 6,	\$1.00 Monthly per Associates or Customer
LEVEL 7,	\$0.50 Monthly per Associates or Customer
LEVEL 8,	\$0.25 Monthly per Associates or Customer
LEVEL 9,	\$0.25 Monthly per Associates or Customer
LEVEL 10,	\$0.25 Monthly per Associates or Customer

PAID MONTHLY ON TOTAL OF ALL 10 LINES

2 X 2 SAMPLE

LEVEL 1, \$4.25 X 2	Associates or Customer = \$8.50
LEVEL 2, \$2.75 X 4	Associates or Customer = \$11.00
LEVEL 3, \$1.50 X 8	Associates or Customer = \$12.00
LEVEL 4, \$1.25 X 16	Associates or Customer = \$20.00
LEVEL 5, \$1.00 X 32	Associates or Customer = \$32.00
LEVEL 6, \$1.00 X 64	Associates or Customer = \$64.00
LEVEL 7, \$0.50 X 128	Associates or Customer = \$64.00
LEVEL 8, \$0.25 X 256	Associates or Customer = \$64.00
LEVEL 9, \$0.25 X 512	Associates or Customer = \$128.00
LEVEL 10, \$0.25 X 1,024	Associates or Customer = \$256.00

TOTAL 10 LINES = \$659.50 Possible monthly income

4 X 4 SAMPLE

LEVEL 1, \$4.25 X 4	Associates or Customer = \$ 9.00
LEVEL 2, \$2.75 X 16	Associates or Customer = \$ 28.00
LEVEL 3, \$1.50 X 64	Associates or Customer = \$ 96.00
LEVEL 4, \$1.25 X 256	Associates or Customer = \$ 320.00
LEVEL 5, \$1.00 X 1,024	Associates or Customer = \$ 1,024.00
LEVEL 6, \$1.00 X 4,096	Associates or Customer = \$ 4,096.00
LEVEL 7, \$0.50 X 16,384	Associates or Customer = \$ 8,192.00
LEVEL 8, \$0.25 X 65,536	Associates or Customer = \$ 16,384.00
LEVEL 9, \$0.25 X 262,144	Associates or Customer = \$ 65,536.00
LEVEL 10, \$0.25 X 1,048,576	Associates or Customer = \$262,144.00

TOTAL 10 LINES = \$ 357,853.00 Possible monthly income

5 X 5 SAMPLE

LEVEL 1, \$4.25 X 5	Associates or Customer = \$ 11.25
LEVEL 2, \$2.75 X 25	Associates or Customer = \$ 43.75
LEVEL 3, \$1.50 X 125	Associates or Customer = \$ 187.50
LEVEL 4, \$1.25 X 625	Associates or Customer = \$ 781.25
LEVEL 5, \$1.00 X 3,125	Associates or Customer = \$ 3,125.00
LEVEL 6, \$1.00 X 15,625	Associates or Customer = \$ 15,625.00
LEVEL 7, \$0.50 X 78,125	Associates or Customer = \$ 37,562.50
LEVEL 8, \$0.25 X 390,625	Associates or Customer = \$ 97,656.25
LEVEL 9, \$0.25 X 1,953,125	Associates or Customer = \$ 488,281.25
LEVEL 10, \$0.25 X 9,765,625	Associates or Customer = \$2,441,406.25

TOTAL 10 LINES = \$ 3,084,715.00 Possible monthly income

On this example, you start with 5 Associates, however the down line is not aggressive, stops at Level 5

LEVEL 1, \$4.25 X 5	Associates = \$ 21.25
LEVEL 2, \$2.75 X (each above provided 4) 20	Associates = \$ 55.00
LEVEL 3, \$1.50 X (each above provided 3) 60	Associates = \$ 90.00
LEVEL 4, \$1.25 X (each above provided 2) 120	Associates = \$ 150.00
LEVEL 5, \$1.00 X (each above provided 2) 240	Associates = \$ 240.00

TOTAL 5 LINES = \$ 556.25 Possible monthly income

On this example, you start with 5 Associates, however the down line is not aggressive, goes through Level 10

LEVEL 1, \$4.25 X 5	Associates = \$ 21.25
LEVEL 2, \$2.75 X (each above provided 4) 20	Associates = \$ 55.00
LEVEL 3, \$1.50 X (each above provided 3) 60	Associates = \$ 90.00
LEVEL 4, \$1.25 X (each above provided 2) 120	Associates = \$ 150.00
LEVEL 5, \$1.00 X (each above provided 2) 240	Associates = \$ 240.00
LEVEL 6, \$1.00 X (each above provided 2) 480	Associates = \$ 480.00
LEVEL 7, \$0.50 X (each above provided 2) 960	Associates = \$ 480.00
LEVEL 8, \$0.25 X (each above provided 2) 1920	Associates = \$ 480.00
LEVEL 9, \$0.25 X (each above provided 2) 3840	Associates = \$ 960.00
LEVEL 10, \$0.25 X (each above provided 2) 7680	Associates = \$ 1920.00

TOTAL 10 LINES = \$ 4876.25 Possible monthly income

On this example, you start with 10 Associates, however the down line is not aggressive, stops at Level 5

LEVEL 1, \$4.25 X 10	Associates = \$ 42.50
LEVEL 2, \$2.75 X (each above provided 4) 40	Associates = \$ 110.00
LEVEL 3, \$1.50 X (each above provided 3) 120	Associates = \$ 180.00
LEVEL 4, \$1.25 X (each above provided 2) 240	Associates = \$ 300.00
LEVEL 5, \$1.00 X (each above provided 2) 480	Associates = \$ 480.00

TOTAL 5 LINES = \$ 1,112.50 Possible monthly income

On this example, you start with 10 Associates, however the down line is not aggressive, goes through Level 10

LEVEL 1, \$4.25 X 10	Associates = \$ 42.50
LEVEL 2, \$2.75 X (each above provided 4) 40	Associates = \$ 110.00
LEVEL 3, \$1.50 X (each above provided 3) 120	Associates = \$ 180.00
LEVEL 4, \$1.25 X (each above provided 2) 240	Associates = \$ 300.00
LEVEL 5, \$1.00 X (each above provided 2) 480	Associates = \$ 480.00
LEVEL 6, \$1.00 X (each above provided 2) 960	Associates = \$ 960.00
LEVEL 7, \$0.50 X (each above provided 2) 1920	Associates = \$ 960.00
LEVEL 8, \$0.25 X (each above provided 2) 3840	Associates = \$ 960.00
LEVEL 9, \$0.25 X (each above provided 2) 7680	Associates = \$ 1920.00
LEVEL 10, \$0.25 X (each above provided 2) 15,360	Associates = \$ 3840.00

TOTAL 10 LINES = \$ 9,752.50 Possible monthly income



YOU

10 lines down = pay lines per month



ALL down lines contribute to overall volume
for bonus pool programs. **Infinite**

Direct Commissions for Companies or Groups Over 50


Only 1 Qualifier: Stay Enrolled !!!

LEVEL 1 \$1.50	50	\$75.00	100	\$150.00	1,000	\$1,500.00
LEVEL 2 \$1.25	50	\$62.50	100	\$125.00	1,000	\$1,250.00
LEVEL 3 \$1.00	50	\$50.00	100	\$100.00	1,000	\$1,000.00
LEVEL 4 \$.75	50	\$37.50	100	\$75.00	1,000	\$750.00
LEVEL 5 \$.50	50	\$25.00	100	\$50.00	1,000	\$500.00

Direct Commissions for The Three different Groups

Note; In this example, the count of people using the service is 50 as it is the lowest count for a company / Group rate

	Company Over 50		Customer		Associate	
LEVEL 1	\$1.50 x 50	= \$75.00	\$4.25 x 50	= \$212.50	\$4.25 x 50	= \$212.50
LEVEL 2	\$1.25 x 50	= \$62.50	\$2.75 x 50	= \$137.50	\$2.75 x 50	= \$137.50
LEVEL 3	\$1.00 x 50	= \$50.00	\$1.50 x 50	= \$75.00	\$1.50 x 50	= \$75.00
LEVEL 4	\$.75 x 50	= \$37.50	\$1.25 x 50	= \$62.50	\$1.25 x 50	= \$62.50
LEVEL 5	\$.50 x 50	= \$25.00	\$1.00 x 50	= \$50.00	\$1.00 x 50	= \$50.00
LEVEL 6			\$1.00 x 50	= \$50.00	\$1.00 x 50	= \$50.00
LEVEL 7			\$0.50 x 50	= \$25.00	\$0.50 x 50	= \$25.00
LEVEL 8			\$0.25 x 50	= \$ 12.50	\$0.25 x 50	= \$ 12.50
LEVEL 9			\$0.25 x 50	= \$ 12.50	\$0.25 x 50	= \$ 12.50
LEVEL 10			\$0.25 x 50	= \$ 12.50	\$0.25 x 50	= \$ 12.50



Universal Solutions awards 4 leadership levels
as a way of showing and recognizing
outstanding leadership and results

- Junior Executive
- Executive
- Senior Executive
- Presidential

Bonus Override

* Guaranteed bonus for total volume goal met for downline - *Paid Quarterly*
Example. \$4.00 per member enrolled per month. If 10,000 members = \$40,000.00 per month x 12 months = \$480,000.00 pool split quarterly = \$120,000.00 available for quarterly pool

Group Volume of \$125,000- \$187,499	Guaranteed payout to associates who reach this volume is 10% of funded pool	Share = \$12,000.00 Split Junior Executive
Group Volume of \$187,500 - \$249,999	Guaranteed payout to associate who reach this volume is 15% of funded pool	Share = \$18,000.00 Split Executive
Group Volume of \$250,000 - \$374,999	Guaranteed payout to associate who reach this volume is 25% of funded pool	Share = \$30,000.00 Split Senior Executive
Group Volume of \$375,000 or more	Guaranteed payout to associate who reach this volume is 50% of funded pool	Share = \$60,000.00 Split Presidential

Annual Bonus Program

Annual Bonus Payout

- Top 10 associates with highest group volume for calendar year.

Each new year all associates reset to zero so all associates have an equal chance at receiving a share of bonus

Funded by company at \$1.00 per enrolled member per month. Pay Out at close of fiscal year.

EXAMPLE: 10,000 members @ \$1.00 per member per month = \$120,000 per year.

Top 10 member split (by ranking) the \$120,000 as follows:

Rank 1 25%	\$30,000	Rank 6 8%	\$9,600
Rank 2 20%	\$24,000	Rank 7 6%	\$7,200
Rank 3 15%	\$18,000	Rank 8 5%	\$6,000
Rank 4 10%	\$12,000	Rank 9 2%	\$2,400
Rank 5 8%	\$9,600	Rank 10 1%	\$1,200